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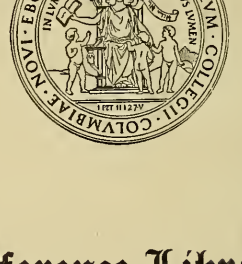

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Public Protection of Maternity and Infancy

HEARINGS

BEFORE THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE OF THE HOUSE OF REPRESENTATIVES

SIXTY-SEVENTH CONGRESS

FIRST SESSION

ON

H. R. 2366

A BILL FOR THE PUBLIC PROTECTION OF MATERNITY AND INFANCY AND PROVIDING A METHOD OF COOPERATION BETWEEN THE GOVERNMENT OF THE UNITED STATES AND THE SEVERAL STATES

JULY 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 1921

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PROTECTION OF MATERNITY.

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Tuesday, July 12, 1921.

The committee met at 10 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. Gentlemen of the committee, we now have a quorum and can properly proceed to the business of the morning. This day, and 10 o'clock this morning, were determined as the time for beginning the consideration of a bill introduced by Judge Towner, of the House, which is denominated as H. R. 2366. The title of it is, "A bill for the public protection of maternity and infancy, and providing a method of cooperation between the Government of the United States and the several States."

The bill was considered in the last Congress, and in consequence of that consideration a contention has been made that the hearings now about to be begun should be virtually nothing; that the record of the last hearings was sufficient for the committee to use as a basis for arriving at their conclusions. It would seem, however, after considering the question and in view of the many new interests which have been developed, necesary to give very careful consideration to the whole subject. I want to say for the benefit of those who are here on account of an interest in the bill, from one angle or another, that the hearings will not be confined necessarily to those who are for or against the bill. We have entering into the hearings the necessity of considering the work which is now going on under the direction of the administration, the President of the United States and the Congress; the commission appointed by Congress to look into the various departments of the Government with a view to making a report, ultimately, in which they will recommend or not, as they choose, the consolidation of departments and other matters which are related thereto. The President of the United States has created a commission, the head of which is Gen. Dawes. That commission appears, broadly speaking, to have something of the same sort in mind. Then, again, there is another undertaking at the instance of the President of the United States headed by Brig. Gen. Sawyer. That is known as the welfare department, and Gen. Sawyer and those connected with him are engaged in a study of the departments which might properly come under such a division of Government as is contemplated or thought of in connection with this welfare division.

You can readily see, members of the committee and those who are here in interest, that it will be necessary for the committee not only to hear the arguments for and against this particular bill, but also to bear in mind the question of its availability or the wisdom of legislating on it at this time, and also various other aspects which might conflict with any one of the several movements directed toward consolidation and concentration. I mention these matters in order that you may all have a fair understanding of the scope of these hearings.

I wish to say it is rather embarrassing for the committee to be obliged to mix up the possible considerations of these various endeavors in order to work out efficient and concentrated methods in connection with the consideration of the actual merits of this bill. So I wish, quite in accord with what has been my particular experience with many of you, personally by word and more frequently by letter, to urge you to possess your souls in patience. This committee has not sidestepped nor avoided this issue at any moment. The chairman can be included in that statement. The committee has, however, had its manifest duties to perform in connection with the Government of the United States and the possible and logical operations of the Congress. We have thus far undertaken to consider matters as they have appeared in logical order, with a view to fitting in with the general program, and it would never have been of any avail to have taken up this bill for consideration, so far as its passage through the House is to be considered. It could not have been reached. We therefore come to you, I believe—and I think it is due to the committee to have this said—with a frank, flat statement that this bill coming up to-day is really in logical order for the first time.

The chairman will ask Judge Towner, who has introduced the bill, to make any statement he chooses in regard to presenting the side of those in favor of the bill, and we shall be pleased, if possible, to act in accord with what is agreeable to him and those associated with him.

Mr. TOWNER. Mr. Chairman, I am very sure, for myself and for the supporters of the bill, we will be very glad, indeed, to act upon any arrangement for the hearing that the committee may determine. If you suggest that the time should be divided between those who are for the bill and those who are against it, we are perfectly willing to enter into any arrangement that may be suggested by the committee as to time, be it a small or a long time. That, of course, is for the committee to determine. We are perfectly willing and glad, indeed, to act upon any suggestion or any rule that the committee may make with regard to the hearing. Does the chairman desire to suggest any particular limitation of time?

The CHAIRMAN. Judge Towner, the committee by vote directed the chairman to undertake to find out from those who contemplated making an appearance here the amount of time they thought would be needed to present their views, and to ask such leadership as there happened to be, if any, of the various interests, to indicate what time they thought was necessary. After a little conference with several of them, it appeared to the chairman that he never could get anywhere in that inquiry because the situation was such that it did not contribute toward that sort of a solution. For instance—and we might as well be frank about this entire matter—the proponents of the bill were rather in favor of a short hearing. That statement was met by the opponents of the bill with a statement to the effect that the proponents had a long and successful inning when the bill was under consideration in the last Congress, but that they, in turn, for some reason or another, did not seem to be aware of the fact that the hearing was going on in time to get their forces together and make a fair and proper representation of their side. So that if the committee were to say that we will have so many definite hours and we will assign so many to one side and so many to the other, we would still be open to the objection that one side would perhaps be shut off and perhaps in the end the opponents would feel that they had not been fairly considered.

On the other hand, if the proponents feel that the testimony given in the last Congress represents fairly their side and they are willing to rest on it. with perhaps a little supplementary testimony, that would help the cause, but when it comes to dividing the actual number of hours between the two, it hardly seems practicable. Furthermore, there would be the consideration of those coming in from the outside who would be asked to give their testimony without any particular regard to the merits of the bill. So it is for the committee to determine whether or not they will establish so many hours, but so far as the chairman is concerned, he would think, perhaps, it would be well to let the hearing proceed for a little while and see if we can gauge the possibilities, and then come to some conclusion if the hearing should be too much drawn out.

Mr. TOWNER. I presume that would, perhaps, be best. I could not tell anything about what time would be occupied with the indefinite arrangement suggested, but we are perfectly willing to act upon the suggestion of the chairman and will proceed with our affirmative testimony.

The CHAIRMAN. Judge Towner, will you permit one more interruption?

Mr. TOWNER. Certainly.

The CHAIRMAN. There are so many angles to this question that I found it impossible to arrange them all in my mind. We are now meeting at 11 o'clock. The committee has previously expressed the opinion that they ought to stand ready to adjourn these hearings at 11 o'clock by virtue of the importance of the legislative business now under consideration. It might be helpful if from day to day we could decide just what we would do when the hearings opened, and I would like to take this occasion to ask the committtee to express themselves in respect to that consideration, so that the witnesses, and those in charge of them, may know, at the opening of the session just what program they will have to follow out. This morning we would have about 50 minutes if we adhered to the previous expression of the committee. Will the committee kindly determine that here and now so that Judge Towner and others may understand the situation.

(Upon motion of Mr. Merritt, the committee decided to sit until 12 o'clock subject to roll calls.)

STATEMENT OF HON. HORACE M. TOWNER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IOWA.

Mr. TOWNER. Mr. Chairman and gentlemen, you will, perhaps, remember that during the last Congress the original bill passed the Senate and also was reported by this committee to the House, but so late in the session that it was impossible to obtain action on the bill in the House. However, the House committee made a considerable number of amendments, and at the commencement of this Congress both Senator Sheppard and myself reintroduced the bill in exactly the form which you reported the bill; in other words, incorporating all the amendments that were agreed to by this committee during the last Congress.

During the present Congress hearings have been held in the Senate committee, and the Senate committee has reported the bill to the Senate favorably with certain amendments. If the members of the committee would like to have me go through those amendments and consider them, I will be glad to do so, or we can do that subsequently, just as you suggest. What is the desire of the committee regarding that matter?

Mr. BARKLEY. Mr. Chairman, I would suggest that Judge Towner make a general statement now, and that the matter of the detailed amendments be taken up later on in the consideration of the bill.

Mr. TOWNER. Very well. I will be glad to do so.

Now, gentlemen of the committee, I shall not at this time take the time of the committee to make any elaborate statement regarding this bill. It is so well known and your time is so precious that I do not care myself to occupy much time now. However, I think it would only be fair that I should have an opportunity, after the close of the objections to the bill, to refer to them as briefly as possible.

Gentlemen, this bill has attracted a great deal of attention; I presume as much because of the opposition to the bill as because of its inherent merit. I confess that I have been very much surprised at the intensity of the opposition to this bill from certain quarters. I think I am justified in saying that in a great measure that arises from an entire misapprehension regarding the bill. I notice in glancing over the testimony of those who have opposed the bill that in some way or other they seem to assume that this bill creates a sort of overlordship located here at Washington, over all the homes in the country; that this institution is to be created for the purpose of determining just what the members of the families of the people of the United States should do.

The origin of this bill, gentlemen, is very simple. There seems to exist in the minds of some of the opponents of the bill the idea that this is a sort of conspiracy hatched up for the purpose of obtaining this great power over the people of the United States and their family and home interests. The origin of this bill is very briefly this: The Children's Bureau here in Washington, cooperating with other institutions, both public and private, interested in child welfare all over the United States, very early in their work came to a recognition of this very important and terribly tremendous fact, that there was in the United States an unusual, a disgraceful amount of mortality arising from maternity cases, both as to the mothers and the children of the country. They also found out that there was a vast amount of apathy regarding this fact. It seemed to be sometimes ignored, but, of course, in most cases it was the result mostly of ignorance of the facts. The Children's Bureau began making an investigation regarding the cause of this and regarding the possible cure of it. They found out that in the vast majority of cases the causes were of two general classes, ignorance and want of financial ability; in other words, poverty. Of course, there were other influences responsible for these conditions, but these seemed to be the primary ones.

They also ascertained the still more important fact that wherever they were able to establish in the States or in the cities systematic aid in these maternity cases, principally of a nursing and helpful character; that wherever they were able to do this they decreased this shocking mortality almost one-half, and in some cases more than one-half. Of course, the question was of such tremendous importance and the remedy appeared to be so effectual, when applied, that these women who have had this child-welfare work in their charge here in Washington, joined with other child-welfare associations all over the United States, concluded that they ought to do something here, and that the National Government ought to do something, to stimulate the activity of those who were indifferent and to aid those who were not financially able to help themselves. So this bill was the result merely of those conditions, an effort to help, an effort to aid, an effort to stimulate the States to activity.

Regarding the question as to whether or not this establishes an authority here in the city of Washington, that is determined to take over and impose on the people of

the United States aid or assistance in these cases, whether they want it or not, I think that the bill is a sufficient answer by its terms to that complaint.

Let me say to you gentlemen that if there is anything in the bill yet existing that in the slightest degree would, in your judgment, show an indication of autocratic exercise of power, let us have it taken out. It will meet with no objection on the part of the proponents of this bill. It is to aid, to encourage and to stimulate, not to control. If you will examine the amendments that have been made from time to time you will see that they have all been made with the desire to eliminate any possible interpretation of that sort.

I do not want to take up any more time with regard to the bill except that I would be glad to answer any questions that may be in the minds of any of the members of the committee before I introduce the other speakers.

Mr. Chairman, I hand to you a communication which is addressed to you and to the committee and ask for such consideration of it as you see fit to give it. I also should like to introduce, either at this time, at some subsequent time or from time to time, as the gentlemen of the committee may desire, some statements in the form of petitions, not to encumber the record but merely to indicate, as nearly as we may, the support which the bill is receiving.

I assume, gentlemen, that there is nothing further it is necessary for me to state, and I will ask the committee to hear——

Mr. COOPER (interposing). Before you proceed may I ask you a question?

Mr. TOWNER. Yes.

Mr. COOPER. Is it your attention to have the proponents of the bill speak first and then the opponents of the bill speak after that?

Mr. TOWNER. I have been perfectly willing to agree to any suggestion that might be made. I suggested that the proponents of the bill would be perfectly willing to hear the objections and then introduce their testimony, but the chairman thought that would perhaps not be fair and, of course, I am perfectly willing to agree to any suggestion or arrangement that may be made.

The CHAIRMAN. The chairman will say to Mr. Cooper and Judge Towner that the logical way to proceed with the discussion of the proposition, as we understand it, is for those who favor it to appear first.

Mr. TOWNER. You are exactly right.

Mr. COOPER. It seems to me that does not give the proponents of the bill any chance for rebuttal, so that I think the time should be divided between the opposition and those who are in favor of the bill.

Mr. TOWNER. If there is any need for rebutting testimony I am quite sure the committee will be perfectly willing to grant an opportunity to present it.

Mr. COOPER. If that will be done I am perfectly willing to go along.

Mr. TOWNER. I am perfectly willing to leave it to the judgment of the committee as to whether or not that should be done.

The CHAIRMAN. Unless the committee sees fit to change the order we will proceed as arranged.

Mr. TOWNER. Mr. Chairman, I ask the committee to hear Dr. S. Josephine Baker, who is the director of the child hygiene division of the New York City Board of Health.

STATEMENT OF DR. S. JOSEPHINE BAKER, DIRECTOR CHILD HYGIENE DIVISION, NEW YORK CITY BOARD OF HEALTH.

Dr. BAKER. Mr. Chairman and gentlemen of the committee——

Mr. GRAHAM (interposing). Before the lady proceeds, may I inquire whether she wishes to be interrupted?

Dr. BAKER. I would like very much to be interrupted and would like to have the committee ask questions.

I appear before you as the official representative of the department of health of New York City, the commissioner having asked me to present to you the testimony we have on this subject in the hope that it might be of some value in, perhaps, clearing up the situation which seems to exist in regard to some of the features of the bill.

We have had in New York the honor, I believe, of having been the originators of child hygiene work in this country, and we have had there for 13 years a bureau of child hygiene, which has cared for the health of the children of the city. It has been a rather large proposition, because we have about 135,000 births a year, and we have approximately 1,000,000 children in our public and parochial schools. The city has been extremely generous in its appropriations for this work, the budget for this last year amounting to about $900,000, and we feel that we owe to the citizens of New York, as well as to the citizens of the country, an accounting of our stewardship as to how this money has been spent and whether or not it is of value to do child welfare work in any community, and whether you can make a definite impression upon the

health of a community by doing it. We have carried out our work very generally along the lines which are provided by the Sheppard-Towner bill; that is, simply giving to the people of the community that information which it is necessary for them to have in order that they may keep well.

There are, as you probably know, in public health work two factors which are always essential: One is the community factor; that is, the community must provide certain things for the people, and the second one is the individual factor. A person must be taught how to use the tools that are given by the community. As an illustration, it is perfectly obvious, of course, that it is useless to tell a mother to give her baby good milk if the community does not provide good milk. On the other hand, if the community provides good milk and we do not tell the mother how to keep it we have been lacking in one of the very essentials. Consequently, we feel we have, first, the education of the community to do something for its people, and, second, the instruction of the people as to how to use these things that the community provides. So we have carried on in New York for this number of years work looking to the reduction of the maternal and infant death rate and for the better health of the children of all ages.

To digress for a minute, it has been rather startling to us in New York and a matter of a good deal of concern to have brought to our attention the figures recently gotten out by the Children's Bureau, namely, that the United States stands seventeenth on the list of civilized nations of the world in its maternal death rate, and eighth on the list in its infant death rate, a position which is appalling and of which we ought to be heartily ashamed. There is no doubt about that.

Recently we have had testimony from William Travis Howard, of Johns Hopkins University, to the effect that the maternal death rate in the United States, as he expresses it, is more than double the Swedish death rate and 120 per cent higher than the English death rate. He says:

"These rates, although calculated by a method more favorable than that used in comparative tables in which stillbirths are not taken into account, are probably unparalleled in modern times in a civilized country."

Mr. DENISON. What authority are you quoting?

Dr. BAKER. I am quoting William Travis Howard, who is at the head of the department of biometry and vital statistics of Johns Hopkins University. He has written a pamphlet on The Real Risk—Rate of Death to Mothers from Causes Connected With Childbirth. I am reading from that pamphlet.

Mr. DENISON. Is that a recent pamphlet?

Dr. BAKER. Yes; it was published in March of this year.

Mr. DENISON. Do you know upon what he bases those statistics?

Dr. BAKER. He bases them upon the official statistics of the birth registration area of the United States and the official statistics of the countries in question. He has compared certain European cities, where vital statistics were obtainable, with certain American cities, such as Baltimore, Philadelphia, Boston, and New York, where vital statistics of equal credibility could be obtained, and he found that all of the cities in the United States have a maternal death rate which is very much higher indeed than the maternal death rate in the cities that were studied in Europe.

Mr. TOWNER. Except New York.

Dr. BAKER. I was going to say that an interesting thing comes out there and that is this: Taking the United States cities that were studied he finds that the maternal death rate, based upon 10,000 labors, was 70.71 in Boston, 64.89 in Baltimore, 61.48 in Philadelphia, 46.11 in New York City. That is for all the death rates of mothers, but when you come to the preventable death rates of mothers—and what we mean by that is puerperal septicemia and the causes we know are preventable by the type of work we are doing—an even more interesting situation develops.

He finds that New York City has not only the lowest preventable maternal mortality rates of the cities of the United States, but has a lower preventable maternal mortality rate than any of the cities studied in Europe. New York has a lower preventable maternal mortality rate than any other city in the world that has been studied. I am presenting these figures to show that in my opinion there is no reason whatever why the rest of the United States should be suffering under this tremendous blot and be in the almost criminal condition of allowing these mothers to die, when a city like New York, with all of its drawbacks, can, with the expenditure of a small amount of money and the use of well-defined methods, reduce its maternal mortality rate to this point.

Mr. NEWTON. Have you any figures showing the mortality rate before you established your child hygiene department and, if so, have you compared those figures with the figures in other countries?

Dr. BAKER. Yes; you will find those figures in this pamphlet and you will also find in the pamphlet this statement, which I would like to read into the record:

"The average total rate from all diseases connected with the puerperal state for New York City, (46.11 per 10,000 labors), conspicuously lower than that for any of the other cities of the United States under consideration, is over 35 per cent higher than that for Birmingham. The average rate for puerperal septicemia is not only lower than that for Birmingham, but the rate for this affection has fallen continuously throughout the 5-year period, and in 1919 reached the remarkably low figure of 11.41 per 10,000 labors. The reports of the department of health indicate that this result has been materially influenced by persistent and intelligently directed administrative measures. While the rates (New York City) for the other categories are not so low as those for Birmingham, they are well below those for the other American cities in this group."

Mr. NEWTON. Is it your purpose to insert that brief in the record?

Dr. BAKER. I should be glad to leave the whole brief. This is an abstract; this is not the original article that I am putting in the record; it is an abstract. However, I should be very glad to leave the original article.

(See pamphlet "The Real Risk—Rate of Death to Mothers from Causes Connected with Childbirth, by William Travis Howard, jr., reprinted from American Journal of Hygiene, vol. I., No. 2, Mar. 1, 1921).

Mr. MAPES. Dr. Baker, how are the statistics you are giving taken? Does the authority you quote base his calculation upon the per capita population of the different countries?

Dr. BAKER. This is based on the entire number of births occurring in a city, and the rates are usually per 10,000 births, in order to have an index.

Mr. MAPES. And the figures are not based on the per capita population at all?

Dr. BAKER. No; they are based entirely upon the number of births in the different countries. The maternal mortality rates are usually computed on the number of labors, so called, the number of confinements that have taken place or the number of children born, because they do not affect the entire population. For instance, it would not be fair to take the maternal mortality rate in a mining town, where there were very few women, and base it on the whole population of the town, and then compare it with the maternal mortality rate in some town where women were greatly in excess and base it upon the whole population of the town. Therefore, it is based upon the number of actual births that occur, which obviates any discrepancy. So those figures are exactly on the same basis for all the different places. They are based on the same factors.

Mr. GRAHAM. Do you know whether these figures are controverted by anyone or disputed?

Dr. BAKER. They are not disputed; they are the official figures given out by the different cities and by the United States Census Bureau.

Mr. GRAHAM. The figures you are citing now are simply figures as to the deaths of mothers. Have you gone into the infant mortality proposition?

Dr. BAKER. Not yet.

Mr. GRAHAM. In this report, with which you are doubtless familiar, how do the various large cities of the United States compare? I think you have cited a few of them, but, for instance, take different localities in the country. Is there any apparent discrepancy between the figures outside of the city of New York?

Dr. BAKER. The difficulty in answering that question is the fact that practically all the cities are extremely negligent in regard to their birth registration, and I am sure you would not care to have me quote figures from the majority of the cities in the United States, because they are inaccurate.

Mr. GRAHAM. Take the city of Philadelphia and the city of New Orleans. Can you draw any comparison between them?

Dr. BAKER. No; because the city of Philadelphia has accurate birth registration, according to the Census Bureau, and is included in the birth-registration area, whereas the city of New Orleans is not, and it is not probable that any large number of their births are actually registered down there, so that any conclusion drawn from their statistics would not be dependable at all.

Mr. GRAHAM. The figures you give, or that this author gives, are entirely urban; that is, they are city figures, and there is no rural population included.

Dr. BAKER. I have not attempted to quote from the whole article, but I may say that in it, without attempting to quote his words, he makes a very broad comparison between the entire United States registration area, which at the present time, I think, consists of about 26 States, where the birth registration is supposed to be fairly accurate. He compares this with European countries and draws the conclusions which I speak of, that the maternal mortality rate in this country, as a whole, is about 120 per cent higher than it is in England, for instance. In determining that percentage he uses the best available statistics which the Census Bureau is able to give, and those statistics are the only ones they are willing to state are at all correct for those 26 States.

Mr. COOPER. In answer to the question Mr. Graham asked you a moment ago, I believe it was stated before our committee at the last hearing on this bill that the death rate in the rural districts, in a majority of cases, was greater than it was in the larger cities, like New York.

Dr. BAKER. Well, in comparison with New York, I have no doubt the maternal death rates are higher in rural districts because the death rate in New York, as I have just said, is conspicuously low. It is lower than any of the other big cities in this country and from preventable causes is lower than any of the big cities in Europe. Consequently, to compare us with a rural community, where no work has been done, would probably react most disadvantageously to the rural community. I have no doubt about that, but I have no figures—possibly some of the other speakers may have—which I am willing to quote to prove that the maternal death rate is higher in rural communities than in cities. I do not want to be understood as saying that there are not such figures and that they can not be presented to this committee.

Mr. COOPER. If you will pardon me, I believe that was the contention made by reason of this work not being done in the rural districts like it was in the larger cities; that that was the reason the death rate was much greater than it is in the cities, and that was one argument they presented for this bill, that the people in the rural districts could not get nurses or physicians at the proper time.

Dr. BAKER. I have an idea that the figures of the United States Census Bureau would show that very clearly, and that those figures are available I have no doubt. Judge Towner may get one of the subsequent speakers to present those figures to you. I simply do not happen to have them.

Mr. MERRITT. I am asking this for information only. Would not the fact that birth statistics are not well kept in this country tend to show a higher ratio here for the reason that a baby when born may not be registered, but when it dies it is registered?

Dr. BAKER. That, of course, is perfectly true, but the birth registration figures we are quoting and using in all of our studies are taken only from those places that are said by the United States Census Bureau to have a birth registration of over 95 per cent. So we are not attempting to use birth registration figures from any questionable source.

Mr. LEA. I understood you to say that the cause of the greater death rate are ignorance and poverty, that they are the two principal causes. Is the greater death rate in America due to ignorance and poverty or to other causes?

Dr. BAKER. It depends entirely upon what you mean by ignorance and poverty. I should say that the main causes of the maternal death rate were lack of proper instruction during the prenatal period and proper medical care. The main causes of infant mortality I would sum up as being social and economic, that is, wrong environment both social and economic, and finally, to a lesser extent, what we might call lack of medical attention. An infant always dies from some disease, but the thing which causes the disease is usually some bad environmental condition.

Mr. TOWNER. Won't you please state to the committee the reason why the mortality rate in New York City in these cases has decreased? I think the committee would be anxious to know how you have been able to so notably reduce the mortality rate in New York.

Dr. BAKER. Well, we ascribe that to several causes. First of all, the better education of the mothers as to the care of themselves during the pregnant period. We have found by intensive work—and it is so found wherever it has been tried—that you can instruct a mother during her pregnant period as to the simple means by which she can care for herself during that time, and in that way you can reduce the maternal death rate at least one-half and in many instances two-thirds. We have also found that these women give birth to healthier babies and that the baby death rate in the first month of life, among that group of women who have had this prenatal supervision, is also reduced at least one-half and sometimes two-thirds. We have had in New York for a number of years a well organized control of maternal work. By that I mean we have had the cooperation of the obstetricians, of the lying-in hospitals, and we have had very good control of our midwives, so that we have attempted to give, and I believe we have been successful in giving, to the mothers there a form of maternal care at the time of childbirth that has made it reasonably safe, at least—and safer than in any of the other large cities—for them to give birth to their children.

Mr. TOWNER. Will you please tell the committee how this work is done, whether it is forced upon them, whether or not it is against their will, and how it is received.

Dr. BAKER. I have been talking entirely upon the maternal mortality rate, as I started on that, but I want to say something on the infant death rate, too. But I may say in this connection that as far as all of our work for children is concerned, the maternal work, the work for babies, and work for the older children, it is not only

welcomed but it is eagerly sought for by the people. We have an almost impossible situation because we can not take care of all of the mothers and babies that want care and need it. I may also say that we have splendid cooperation on the part of the medical profession. I have heard it said that one of the reasons for opposition to this bill is that the doctors are opposed to it on the ground that it would interfere with their practice.

I hold no brief for the medical profession, but because I am a member of it I am extremely sorry to have anything of that sort said about any doctors. I do not believe it is so, because the doctors of New York have been loyally with us; they have been interested in the work, have been helpful and are anxious to have it continued. Some few years ago, when there was a possibility of the work being given up owing to a change of administration, the medical societies of the city, the Academy of Medicine, the five county medical societies, and a number of the small group of medical societies, had meetings and I believe for the first time in their entire careers passed resolutions saying they wanted the work continued, that there should not be any idea of giving up the children's work in the city because they considered it so valuable. The women themselves came forward and I had great difficulty in stopping two parades of about 5,000 women, one from the East Side and one from Brooklyn. They wanted to march to the City Hall and protest against the giving up of the baby health stations and the visiting nurses. The work is never brought to them in any way that has any compulsion about it. The women usually come to us, we do not go to them, and if we do it is always understood that they want it. My own personal feelings is, of course, that any home is quite as sacred to the inhabitant of it as any other home, and no nurse and no doctor are allowed to go to any house, any tenement or any apartment without the full willingness and invitation of the people who live there. But these people want our help; they are anxious for it; they are asking for it and want it in far greater measure than we are able to give it to them. So we have not had any opposition from the medical profession and we have not had any opposition from the public. I think that New York people, after all, are not so different from other people, and as far as I know, wherever this work has been tried, the women have been very glad indeed to get it. I know of no woman who wants her baby to die and I never met any difficulty in doing something which would save her baby, and I want to say that during the years we have worked in New York City we have reduced our baby death rate from 144 baby deaths out of every 1,000 births to 85 deaths.

Mr. DENISON. Do you mean 1,000 births or 10,000 births?

Dr. BAKER. One thousand. In New York, where we have carried on this work, out of every 1,000 babies born 144 died in the first year, but last year 85 died in the first year. That is a reduction of something over 40 per cent and it means an actual numerical reduction of about 7,000 lives last year. In other words, although the city has grown enormously, we actually had 7,000 fewer baby deaths last year than we had 12 years ago. If the death rate of 12 years ago had kept up there would have been in New York City 72,000 more baby deaths in those 12 years, and there are actually 72,000 children living there that would not have been living if this work had not been done. A perfectly logical question—and I wish some one had asked me, but I am going to answer it any way—is this: Is this just simply the survival of the fittest, or is it just the tiding over of these babies for one year, and then do we lose them? We have kept in very close contact with the reduction in our death rate between 1 and 5 and between 5 and 10, and we have reasonably authentic statistics on hand to show that the death rate between 1 and 5 and 5 and 10 has been reduced more than the death rate under 1. So that the babies are not only alive but they are better able to combat the diseases that are incident to child life. I am informed that it has been computed by the actuaries of some of our big life insurance companies and the actuary of our health department that the expectation of life in New York City as a whole has been increased five years because of the work that has been done in reducing the infant and child mortality rate during the last 10 years.

Mr. BARKLEY. Doctor, you stated that prior to the inauguration of this work in New York, the death rate among children was 144 per 1,000.

Dr. BAKER. Per 1,000 births.

Mr. BARKLEY. Under 1 year of age.

Dr. BAKER. Under 1 year; yes, sir.

Mr. BARKLEY. Of course, I accept those figures as being correct, but upon what do you base those statistics?

Dr. BAKER. Those are the vital statistics of children kept by the official registrar of the city.

Mr. BARKLEY. Then, there can be no mistake as to their accuracy.

Dr. BAKER. Absolutely not.

Mr. BARKLEY. They sound very large to a layman.

Dr. BAKER. They are true.

Mr. BARKLEY. I do not doubt that.

Dr. BAKER. I am perfectly willing to have that part of it investigated. They are just as accurate as any vital statistics are. I hold no brief for vital statistics.

Mr. BARKLEY. I did not doubt your statement, but I wanted the record to show the basis for it.

Dr. BAKER. The actual number of deaths that occurred that year based upon the number of births that occurred that year showed a death rate of 144 per 1,000, and during that time we were in the birth registration area with presumably an accurate birth registration.

Mr. NEWTON. Was this an exceptional year?

Dr. BAKER. Oh, no.

Mr. NEWTON. Or was that the average for that period and the period preceding?

Dr. BAKER. It was the average for that year and the year preceding. I may say that this year, numerically, outside of anything else, we have had 1,500 fewer baby deaths under 1 year of age than for the same period last year. Our record this year is evidently going to be from 20 to 24 points below last year.

Mr. HUDDLESTON. May I ask what the death rate was between 1 and 2 years of age?

Dr. BAKER. I should like to give that information to you, but I am sorry I have not those figures with me. I will gladly send them in for the purpose of the record if you would like to have them. Infant mortality, as we keep it, is considered under 1 year of age. Between 1 and 5 years of age, the rate has fallen more, as I have said, than it has under 1 year of age.

The CHAIRMAN. Judge Towner, under our arrangement, the hearing now automatically ends for this morning, to be taken up again at 10 o'clock to-morrow morning.

(The committee thereupon adjourned until Wednesday, July 13, 1921, at 10 o'clock a. m.).

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Wednesday July 13, 1921.

The committee met at 10 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

STATEMENT OF DR. S. JOSEPHINE BAKER—Resumed.

Dr. BAKER. Mr. Chairman and members of the committee, I do not want to take much of your time this morning and it is a little bit difficult to know where to begin, but perhaps I can best do so by saying that my object yesterday in calling attention to the reduction in the maternal and infant death rate in New York City was merely to show what might be done throughout the United States if the same methods were applied.

The Sheppard-Towner bill advocates, as I read it, the exact type of work that we have been carrying on in New York and which is responsible for this enormous reduction in the maternal and infant death rate. It consists of the employment of trained nurses, the establishment of baby health stations or child welfare centers, and the employment of physicians for consultation work. The work is mainly educational; it is almost entirely preventive. The women come to us early in their period of pregnancy and are taught how to care take of themselves. We do not take care of actual sick cases at all; we teach personal hygiene with the largest adaptation possible of the proper environments, and mitigate as far as we can the social and economic maladjustments that so often cause ill health. We can do a good deal to change the effect of bad environmental conditions.

I remember when this work began in New York City, 12 years ago, the average number of baby deaths during July and August would range from 1,000 to 1,500 babies a week. For the last 5 years the average has been from 250 to 300 babies a week dying during those same months. The weather can not be changed, but the effects of the weather may be changed, and while it may not be possible to change the big economic problems that confront the big part of our population, we can easily change the reaction of the people to these conditions. That is a large part of our work—I have heard this bill called socialistic, for instance; but my feeling toward it is it is not a Socialist, it is not a Republican, and it is not a Democratic bill; simply a human bill—a bill of the finest motives of any I have ever known to be introduced.

Mr. COOPER. Is your work you are doing in New York classed as socialistic?

Dr. BAKER. Not there; no, indeed. No one ever thinks of referring to it as that.

The second point I wanted to call attention to, which is in line with that, is that in New York City, which, you all know as well as I do, we probably have as great problems as can be found anywhere in the United States. I have personally been able to count up to 27 race groups or partial race groups with which we have to deal. I believe 81 per cent of the total population of New York City is of foreign parentage. I believe the Federation of Churches says there are 68 race groups in New York City. We are the biggest port of entry in the United States. I believe 80 per cent of the total immigration comes in through the port of New York. We have problems greater, possibly, of the same kind, and certainly greater in kind than those faced by other parts of the country; and if, with the most congested part of the United States within our borders, with this huge population with whatever poverty and social evils may exist there, we are able to make New York City an almost perfectly safe place for a baby to be born in and to grow up in, it would seem that advantage might be taken of our methods by the rest of the country, because the problems are so much the same, and the methods we are using will undoubtedly bring down the maternal and baby death rate whenever or wherever they are applied in the rest of the country.

One hesitates to refer to the war nowadays, but sometimes using analogous figures is a rather good thing. During the 18 months we were at war, according to the official figures issued by the Government, there were some 37,000 or 38,000 men—somewhere around that number—actually killed in action or who died as a result of wounds received in action. During that same 18 months' period 300,000 babies under 1 year of age died in the United States, and we know, without any equivocation whatever, that with the use of the methods advocated in this bill at least a half of those lives could have been saved. Worked out in terms of figures, one can say it was eight times safer to be a soldier in the trenches in the greatest war of all history than it was to be a baby in the cradle in the United States. During that same 18 months for every soldier killed in action or who died as a result of wounds received in action, one mother died of childbirth in the United States—the numbers are almost identical.

The CHAIRMAN. While you are on that point, for the purpose of saving time, do you happen to have at hand any statistics showing the death rate in different portions of the country in the United States, whether by zones or any other geographical limits?

Dr. BAKER. I have here the infant mortality rates and birth registration rates for 1919 for some 26 States.

The CHAIRMAN. But not by any group or section?

Dr. BAKER. No; not by any group or section, simply by States. And I have here the maternal rates by States.

The CHAIRMAN. Are those enumerated by States?

Dr. BAKER. By States; yes, sir.

The CHAIRMAN. Would you mind passing them up?

(The statistics were handed to the chairman.)

Mr. GRAHAM. I have always been under the impression that wars produced an increased infant mortality. Was that true during this war?

Dr. BAKER. It was true in some of the regions where the hardship was very great indeed, in the devastated regions in northern France and Serbia—I do not know how far it was true in the central countries of Europe. In Belgium, due to the fact that American money was spent there in such quantities, the infant mortality rate actually decreased instead of increased, and it also decreased in England during the period of the war instead of increased, due to the action of the English Government in taking very active measures to combat infant mortality.

Mr. GRAHAM. What was the case in the United States?

Dr. BAKER. In the United States, the infant mortality, I should say, generally speaking, did not definitely show the effects of the war. The undernourishment of children apparently, particularly the child of school age, showed a distinct reaction due to the higher prices and changed conditions; but the infant mortality I think was very little affected by the war. We had a lower birth rate, just as all countries did, due to the absence of men of marriageable age in such large numbers.

Mr. GRAHAM. I have another thing in my mind: Did Germany, prior to the war, have a system somewhat similar to the system outlined in this bill; that is, a method of supervision of births and assistance in the ways that are indicated by this bill?

Dr. BAKER. Germany had, previous to the war, a very fairly efficient system of child hygiene work and it was, I understand, supported by the general government, although the localities, I think, contributed also to its support. There is hardly a country in Europe to-day that has not a good system for the care of the health of children; it would be difficult to find one that has not been doing very extensive work.

Mr. GRAHAM. The reason I alluded to Germany was I had been advised that their system was better and their infant mortality had been very greatly reduced.

Mr. BAKER. I can not answer as to the infant mortal ty of Germany as a whole, because it has been impossible to get the figures there for a long time; but the last date for which I was able to get the death rate for Berlin, which was just as the war began, showed that the infant death rate at that time was 160 infant deaths out of every thousand births, and that is so high that we have hardly anything to match it any place in this country.

Mr. MERRITT. Is that the result of the German system?

Dr. BAKER. It is the result of their attitude toward their system I think the saving of babies is distinctly a question of the right attitude. We should have the attitude toward it that I heard Mr. Holmer Folkes take at a baby show in Philadelphia. I went down to speak at what was called a baby-saving show. Mr. Folkes was there, and said he had come down to speak because it was a "baby-saving show," and not an "infant welfare exhibit"; he said he did not know a man who was interested in an "infant-mortality exhibit", but he also did not know of any man who would not go out to save a baby if he had an opportunity. And, after all, if this were called a baby-saving bill, I think it might make a greater human appeal.

Mr. GRAHAM. I would like to hear you discuss something about what divisions of the Federal Government would cooperate in this work or assume some part of the duties connected with it; whether it is advisable to have the system you are practicing now in New York or to vary from it? I would like to hear you about that.

Dr. BAKER. Of course, in the first place, I want to say even if this bill is passed New York City will not derive one cent from it in any way. Our health department is entirely separate from the health department of the State, so that we would not receive any money from this bill if it should be passed. We will, however, make a very large contribution toward this work in the other States. When it comes to the whole question of how far the Federal Government can go or should go in stimulating States to do work they might reasonably initiate themselves, it seems to me we are touching on a question very much more fundamental than the object of this bill. It seems to me that this is no different in principle from legislation for helping the State directly or helping to stimulate the State to do work within its own borders. The reason I advocate the Federal Government taking up this particular work at this time is because in every other country, where they have tried to work out any plan for the reduction of the baby and maternal death rates, they have found the communities themselves were notoriously slow and had to be stimulated to do it through some Government interest. I am absolutely opposed to the idea of the Federal Government going into the States to do any work itself and do not see anything in this bill which contemplates any such action. From the total appropriation for administration, something like $30,000, which has to pay for all administrative expenses, I imagine the Federal Government can give nothing more than the work in their central office. The only relation the Federal Children's Bureau has to this bill is the approval of the plans submitted by the States. Those plans have to be submitted to an advisory committee consisting of the Surgeon General of the Public Health Service, the Chief of the Bureau of Education of the Department of the Interior, and the Secretary of Labor. If I am not mistaken, those are the members of that committee.

After the program is once approved—and I assume that the Federal Government would not be willing to give out any money without having something to say regarding the program of any State—then it is the business of the State to do its own work. It would not be conceivable or possible for any Federal agents to go about and visit families in the States; the States themselves have to do that work; and while it is not compulsory for any State to take advantage of this bill, I think its enactment would be extremely stimulating to some of the Eastern States, where they are doing good work as it is now, and certainly it will be of enormous advantage in the Middle Western and Western States. They have been very slow indeed about appropriating money for such work, and I think we are coming to the time now where it is becoming more and more the business of the Federal Government to remove the stigma of our high maternal and infant mortality rates. It is not a pleasant thing to contemplate our place among the so-called civilized nations of the world and to see that we are apparently more negligent of the lives of the babies and mothers than 17 other nations of the world. I know these figures have been questioned, but I have yet to find anybody who has disproved them. From the best information obtainable I believe these statistics are accurate. If anybody has any information which will disprove those figures, I am sure I would like to know of it, and I am pretty sure the Federal Government would.

Mr. NEWTON. Have you those figures available showing the comparison of those different countries?

Dr. BAKER. Yes, sir.

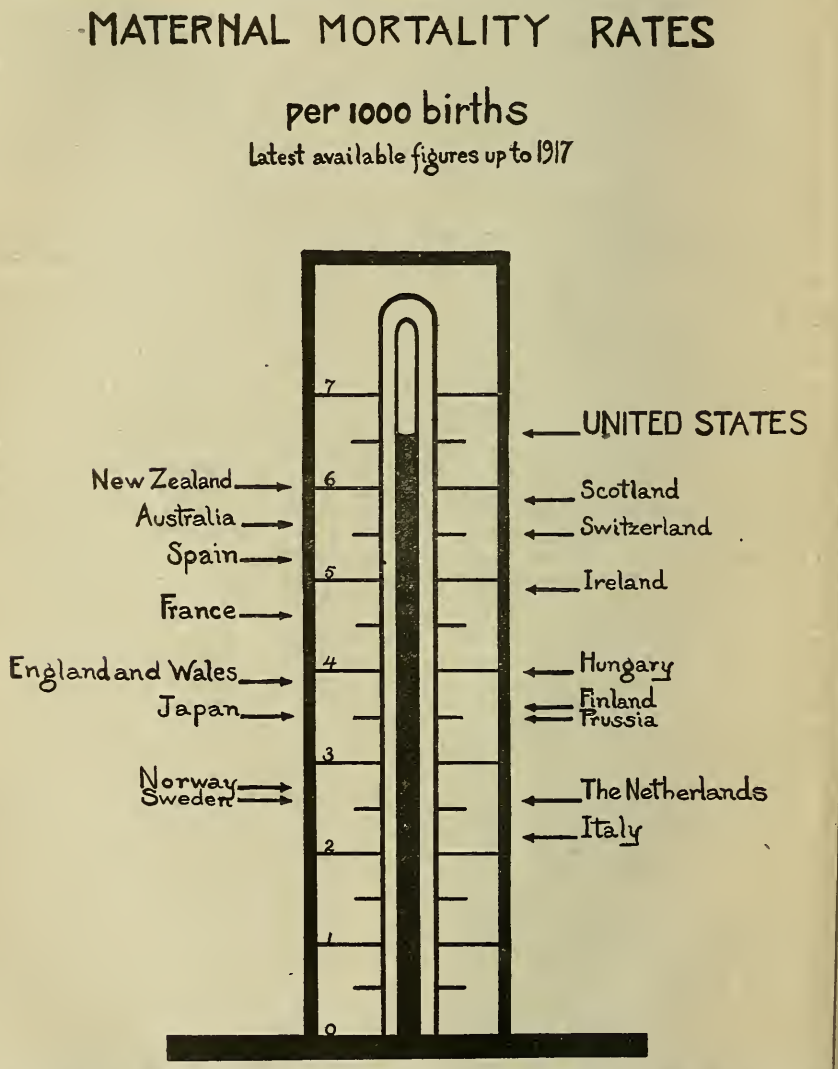
Mr. NEWTON. Could you insert them with your remarks?

Dr. BAKER. I will offer as part of the record the Eighth Annual Report of the Chief of the Children's Bureau to the Secretary of Labor for 1920.

Mr. MERRITT. You do not want to insert that whole report in the middle of your remarks?

Dr. BAKER. No, sir; just the figures pertaining to the maternal and infant mortality.

(The comparison referred to appears below and on page 17:)



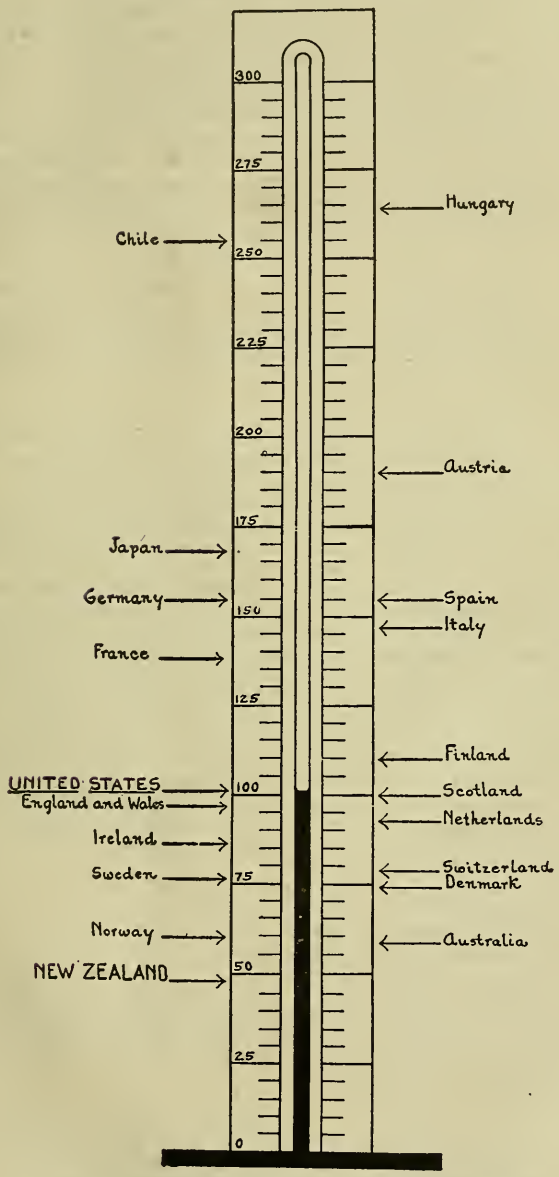
The United States lost over 23,000 women in 1918 from childbirth. We have a higher maternal death rate than any other of the principal countries.—Children's Bureau, U. S. Department of Labor.

The CHAIRMAN. Do you know whether or not the authorities are cited for the figures presented in that report?

Dr. BAKER. I would have to look at it to find out, but it is a Government report and the figures have been obtained, apparently, from official figures of the various governments listed. I have never been able to find, and I have searched rather diligently, any accurate information that these figures are not what they purport to be; and, although people will say they are not so, I have never received the slightest evidence they are not.

INFANT MORTALITY THERMOMETER

DEATHS UNDER 1 YEAR OF AGE PER 1,000 BIRTHS



Within the first year after birth, the United States loses 1 in 10 of all babies born. It ranks eleventh among the principal countries of the world. New Zealand loses fewer babies than any other country.

Rates are for latest available years up to 1918.

CHILDREN'S BUREAU, U.S. DEPARTMENT OF LABOR.

74654—21——2

The CHAIRMAN. I was not raising that question; I was wondering whether there was any citation of authority.

Dr. BAKER. I think you will find that from this report.

Another point that has been brought up in regard to this bill is the proper Government department to have control of it. Speaking in behalf of the city health department of New York, I wish to say we are on record and strongly on record in favor of some sort of a national department of health or public welfare. We believe that all the public health agencies of the Government should be placed under one head. Without prejudice, therefore, to our position in this matter, we favor this bill and favor its administration being placed in the Children's Bureau because, by legislative enactment of Congress, the Children's Bureau has already been given authority to inquire into the causes of infant and maternal mortality, and it has done work in the States that stands out as being the best work of the kind done by any children's bureau in any country in that particular line. It has a very able technical staff of doctors who are entirely competent to administer this bill, and we see no reason whatever for any assumption that the Children's Bureau is not entirely fitted to do this work.

Mr. GRAHAM. Just a question right along that line: I take it from what you say, Doctor, that you are not in favor of any Federal interference with State work or city work such as you are doing, and that the object of this bill or any similar legislation, is to standardize the work and, by cooperation with the Federal Government, to establish in the various States a high standard of work which may be uniformly followed by the several States and that the function of the Federal Government is largely advisory?

Dr. BAKER. Exactly; almost entirely.

Mr. GRAHAM. Now, what is this Children's Bureau; what is the nature of its work? I know in a general way, but you know more definitely and intimately. What has been the nature of the work of the Children's Bureau up to this time?

Dr. BAKER. Up to the present time the Children's Bureau has been collecting a series of statistics which serve as a very remarkable background for any program of this nature; statistics relating to the causes of infant and maternal mortality in various localities in the United States. Then, in addition, they have done a great deal of research work into problems connected with child labor. These statistics, which they have gathered throughout the country, have proved to be to every child-hygiene worker the most valuable type of research we have ever had available. They have enabled us to work out programs which have been extremely effective, having indicated on what points to concentrate. The Children's Bureau publications are accepted, I believe, everywhere in the world as being the highest of research work with relation to the problems affecting the health of children and mothers. I think probably Miss Lathrop has told you that this time they are carrying out what seems to be an administrative program in Porto Rico and they have done a great deal of work of a consultation nature with Czechoslovakia and some of the European nations who have been interested in the very fine nature of the reports that have been given out here. They have interested themselves in this problem as no other part of the National Government has; there is no one else who has ever exhibited even a selfish interest in it until recently.

The CHAIRMAN. Will you pardon me an interruption?

Dr. BAKER. Certainly.

The CHAIRMAN. Do you happen to know the particular functions of the Children's Bureau by virtue of the act which created it?

Dr. BAKER. Yes, sir. To investigate into and report upon—I am not attempting to quote it verbatim—matters connected with a reduction of the infant and maternal mortality and matters connected with the employment of children; the so-called child-labor laws. And it seems to me, as the Children's Bureau was created by legislative enactment, that it is perfectly easy by legislative enactment to increase or decrease their powers at any time.

The CHAIRMAN. But you spoke of certain administrative work they are now doing; what is that?

Dr. BAKER. I may be mistaken in that; but I know they are working down in Porto Rico. Whether that is within the powers of the bureau, I do not know; but I know thay are working down there. Just at the present time it seems to me that where our rural communities generally throughout the country are doing practically no work of this kind, where mothers in many instances are left entirely without proper care during the progress of confinement, where there is no one but the nearest neighbor, who may be 10 or 20 miles away, to come in and help, where the baby death rate, although not near as high as in the large cities, is still abnormally high, at such a time as this it seems to me more or less an academic question to discuss whether the administration of this bill should be under one or another part of the Federal Government.

The main thing we are interested in is to see that it is put into effect as quickly as may be, so that the present death rate of mothers and babies in this country shall be reduced. It can be reduced. This bill does not hold out any false promise. We can reduce this death rate with the establishment of the principles already known. We know this is so and we are inclined at this time to agree with Dr. Holt's statement that it is not the unfit baby but the unfortunate baby that dies. With an expenditure for the entire United States of approximately only $500,000 more a year than the city of New York is now spending upon its own children, the entire country can be covered and I can predict with reasonable accuracy that you will find what has been accomplished in New York City can be accomplished in the United States.

Mr. BURROUGHS. I was very much interested in hearing you tell about this work in New York. Let me ask you: Is that work done under the jurisdiction of the municipal public health department?

Dr. BAKER. Yes, sir; it is paid for out of the funds derived by taxation and appropriated in the city budget and spent by the city department of health.

Mr. BURROUGHS. Did I understand you to say the work had been going on for about 12 years?

Dr. BAKER. Yes, sir.

Mr. BURROUGHS. Was any special legislation necessary for that work to be instituted or carried on?

Dr. BAKER. No, sir. Under the broad legislative and charter powers of the board of health in New York City, the board can pass resolutions which are known as part of the sanitary code. If the board of health wishes to enact any health law it has the power to do it and incorporate it in the sanitary code, and thereupon it takes the force of law.

Mr. BURROUGHS. Do you know of any other cities of the country where that or similar work is being carried on at the present time?

Dr. BAKER. Yes, sir; in practically all of the large cities to a greater or lesser degree some work for the reduction of infant mortality is being carried on—Philadelphia, Chicago, Boston, Cleveland, Detroit—in fact, I can hardly mention all of them—they are all doing something of that type of work but not to as great an extent as New York.

Mr. BURROUGHS. For the reduction of the infant death rate?

Dr. BAKER. Yes, sir.

Mr. GRAHAM. Just a few more questions. Do you think, Doctor, there would be any material change in the work that your bureau is conducting if this bill became a law?

Dr. BAKER. No, sir; it would not affect us one way nor the other.

Mr. GRAHAM. It is your idea, then, that the desirability of this bill becoming a law consists in the fact that it might be applied to communities more backward and where they are not taking the forward steps you are now taking in New York City?

Dr. BAKER. Yes, sir.

Mr. GRAHAM. Have you some one here who will tell us something about what class of people in New York City require this care more than others, or can you tell us that? I am curious to know. Is it the so-called foreign element, or just where is your work most needed?

Dr. BAKER. Naturally enough, in New York City, our early work was almost entirely with the foreign element. They seemed more anxious to get this kind of help than the native people did. The result has been that the greater part of the reduction of the infant death rate has taken place in the foreign group, so that at the present time our highest baby death rate is among the babies of native-born parents. That, I believe, may not be true of many other cities. We recognize no difference in the groups that come to us. All of the groups, including the native born and all of the foreign groups receive our help. We have done a great deal of work with the colored group, for instance, where the death rate is notoriously high and where we have been able to reduce it to a most remarkable degree. Of course in the Southern States a great proportion of the deaths are in the colored group. We have about 60,000 babies a year under our care in New York City and each baby is cared for individually.

Mr. NEWTON. You mentioned the work of the Children's Bureau. Now, if this work is to be carried on by the Federal Government it will have to be lodged, of course, in some bureau, and there are some who advocate putting it into the Children's Bureau, and I believe there are some who advocate placing it in the Public Health Service. Now, you are familiar with the work of the Public Health Service, of course?

Dr. BAKER. I am a surgeon in the Reserve Corps and also a consultant in child hygiene, but I am not speaking for them at this time.

Mr. NEWTON. What is your opinion as to just where this work should be lodged, in the Children's Bureau or the Public Health Service?

Dr. BAKER. I have already expressed the opinion that the Children's Bureau is very much better fitted at the present time to undertake this work. This is said without prejudice to its reorganization under a department of health. Their work in

the past and their relation with the various groups in the States already doing some work of this nature, in my opinion, makes them far better fitted for the administration of the bill than the Public Health Service, but I want to be distinctly understood that this opinion does not prejudice my conviction that all those activities should come together and be under one control. As things stand now, however, I think the legislation should place it under the Children's Bureau, and then, with reorganization of all health activities of the Government, it would naturally fall into the right place.

Mr. NEWTON. They are in a position to immediately take up the work?

Dr. BAKER. In my opinion.

Mr. NEWTON. But the ideal method would be to have it all lodged in one Public Health Service?

Dr. BAKER. Absolutely; there is no question about that.

Mr. BARKLEY. Then, assuming there would be such a reorganization, there need not be any identity of the work between the Public Health Service and this Children's Bureau, assuming they are all put under one department?

Dr. BAKER. Personally, I should think they ought to be. I understand, from looking over a chart prepared by Gen. Sawyer, that he has placed the functions of the Children's Bureau in what he calls a Division of Welfare, while in an entirely different division he has put the work now carried on by the Public Health Service, which has mainly to do with quarantine and control of infection, and apparently very little strictly educational work has been carried on. That, I assume, is open to change, but at the present time these two types of work have been placed in separate divisions.

Mr. BARKLEY. The Public Health Service is more or less the "medicated" function of the Government, is it not? [Laughter.]

Dr. BAKER. It has had to do with corrective work very generally in the past. The greatest part of its functions, as I understand them, have consisted in the maintenance of quarantine, particularly with reference to our ports, and the control of diseases of an infectious nature. I do not think it has, until quite recently, concerned itself very much about these questions which are very largely social.

Mr. BARKLEY. That is what I had in mind, that the Children's Bureau, which has made a special study of child life and which brings into play the human element and social element, is better qualified than a group of professional medical men to consider the welfare of the child and questions of child hygiene and infant and maternal mortality.

Dr. BAKER. You could hardly expect me to say that. [Laughter.] I can not assume that a group of well-qualified medical people could not administer this bill; nor do I subscribe to the assumption that the Public Health Service is not qualified. I simply wish to say, in the past they have almost exclusively devoted themselves to the control of quarantine and infectuous diseases; and while I believe they are, without doubt, qualified, they are not taking up and are not doing and have not interested themselves, so far as I know, in the type of investigation that the Children's Bureau has carried on. My personal and official opinion is the Children's Bureau is better qualified at the present moment than any other part of the Federal Government to administer this bill.

Mr. COOPER. You spoke a moment ago of some chart Brig. Gen. Sawyer was preparing. What chart is that?

Dr. BAKER. I saw an article in one of the monthly magazines in which he gave a full outline of his proposed organization of the new department of public welfare.

Mr. COOPER. I am ignorant about the general's doings; and by what authority is he doing that? [Laughter.]

Dr. BAKER. I do not know, Mr. Cooper.

The CHAIRMAN. Will you kindly describe the organization of your New York department?

Dr. BAKER. Of the children's department?

The CHAIRMAN. The nature of its organization—say its trustees or directors or whatever the organization may be.

Dr. BAKER. The department of health itself is one of the organic parts of the city government and functions under charter rules and regulations giving it control over all matters relating to the health of the city. It has a board of health consisting of the health officer of the port, the police commissioner, and the commissioner of health. The commissioner of health is president, by virtue of his office. He is Dr. Royal Stone Copeland.

The CHAIRMAN. Who are the other members of the board?

Dr. BAKER. The police commissioner, Richard Enright, appointed by the mayor, and Dr. Leland Cofer, who is the health officer of the port. Under the present arrangement he is an official of the United States Public Health Service detailed to that duty.

The CHAIRMAN. Two of the three members are physicians?

Dr. BAKER. Two are physicians now.

The CHAIRMAN. Two out of three?

Dr. BAKER. I do not know whether the health officer of the port has to be a physician or not. The commissioner of health does not have to be a physician.

The CHAIRMAN. Now go on through them.

Dr. BAKER. Then there are eight bureaus of the department of health. They have the bureau of child hygiene, which is divided into certain divisions. We have, owing to our curious political distribution of territory in New York, five boroughs and we find it necessary to have a borough chief in charge of each borough and each one of these chiefs has a number of supervising inspectors and nurses directly responsible to him. Under these supervisors are placed the staff of doctors and nurses who do the work of the field.

The CHAIRMAN. What is the training of the nurses to whom you refer; are they graduate school nurses?

Dr. BAKER. They are all graduate nurses who have received the degree of R. N. from the State Board of Regents of New York, and who have then passed a civil-service examination.

The CHAIRMAN. And you are at the head?

Dr. BAKER. Yes, sir.

The CHAIRMAN. And so, taking yourself into consideration and all the field agents, they are all trained graduate nurses registered in New York State?

Dr. BAKER. I am not a nurse. The field nurses all are. We have also a large staff of physicians.

The CHAIRMAN. And they are registered under the New York State law?

Dr. BAKER. The doctors and nurses are, yes, sir. Then we have, of course, the necessary clerical staff, various types of what we call nurses' assistants, and then stenographers.

The CHAIRMAN. Do they go into the field?

Dr. BAKER. Yes, sir.

The CHAIRMAN. The assistants?

Dr. BAKER. Yes, sir.

The CHAIRMAN. But under the direction of trained nurses?

Dr. BAKER. Yes, sir.

The CHAIRMAN. Responsible to you and then to the board of governors?

Dr. BAKER. Yes, sir. The functions we cover include prenatal work, the reduction of infant mortality, the care of abandoned and illigetimate babies; we have control of the day nurseries and orphan asylums, or institutions for dependent children, the examination of all children of preschool age, the medical inspection of all children in parochial and public schools.

The CHAIRMAN. What class of people do that inspection work?

Dr. BAKER. Doctors and nurses. Then we have the enforcement of the child labor law—that part of it which pertains to the health of the children and the issuance of employment certificates.

The CHAIRMAN. That is not done by nurses?

Dr. BAKER. The physician examines the children; it is done by doctors. The rest of it is done by the lay staff. The work of the Bureau of Child Hygiene follows the child through from the period before birth right up through the period of adolescence, and has health control, generally speaking, of the larger part of the children of New York City.

The CHAIRMAN. Speaking particularly and not technically, but in a fair sense, can it not be said that your organization is strictly a medical organization, carried on by medical people, trained under medical conditions, and the examination of it and spirit of its thought and initiative of its ideas comes from medical assistance?

Dr. BAKER. I think, in order to answer that fairly, that I should have to say it is true I am a physician and that my staff are very largely physicians and nurses; but that the work of the reduction of infant mortality and maternal mortality is just as much a social problem as it is a medical problem and probably more of a social problem than it is a medical problem. We are not giving medicines; we are not treating sick people; we do nothing of that kind. We simply teach people how to keep well and readjust as far as we are able the bad effects of wrong environment, including the big social questions relating to their method of living, overcrowding, living wages, proper hygiene, care of the body, how much fresh air and exercise they need, how the babies should be taken care of and fed. Infant mortality is very largely a social problem and an economic problem.

The CHAIRMAN. Let us assume that is so; but when it comes to the personnel of the directing force and operators of your division, would it not appear from your

statement that the inspiration and direction comes from what might be termed a medical source?

Dr. BAKER. Yes, sir.

The CHAIRMAN. How much money do you spend in your division?

Dr. BAKER. About $900,000 a year.

The CHAIRMAN. What percentage of that is for overhead and how much goes into the field force work?

Dr. BAKER. I should hesitate to say positively. I should say possibly 5 per cent was overhead.

The CHAIRMAN. You would not want to be quoted on that?

Dr. BAKER. I would not want to be quoted accurately on that.

The CHAIRMAN. Would you be willing to put that in your testimony?

Dr. BAKER. I will. I can get it for you very readily, but it is approximately that.

The CHAIRMAN. Have you studied the financial features of this bill so that you would want to testify as to the question of economy in operating under the bill or maybe under some other arrangement?

Dr. BAKER. As I remember the bill, it is approximately 5 per cent.

The CHAIRMAN. I do not mean that. I do not want to waste any time if I can help it. Have you considered whether or not the expenses of operating under this bill, to obtain the results you desire and that we all desire, would be greater or less under the provisions of this bill or under the direction, say, of the Public Health Service?

Dr. BAKER. I can not see there would be any difference whatever in the administrative costs, whether under the Public Health Service or the Federal Children's Bureau; but I should assume the administrative costs under either bureau may probably be greater than the administrative cost in a compact organization such as we have in New York City.

The CHAIRMAN. Oh, yes; they are not comparable. But wouldn't you feel that it is quite likely there would be the cost of setting up an organization from the beginning to operate in behalf of the Children's Bureau; whereas the Public Health has its own set-up all over the country?

Dr. BAKER. No, sir; I can not see that that would make any difference.

The CHAIRMAN. You think there would be no initial cost in establishing a new department under the Children's Bureau?

Dr. BAKER. I think not. The provisions of the bill, as I read them are that the States shall make up a program and submit it to the Federal bureau, and if it is approved by the advisory board created in the act the Federal Government thereupon appropriates the necessary money, and the work is carried out entirely under the State and all administrative expenses and overhead would be borne by the State.

The CHAIRMAN. How long have you had, in New York, an accurate registration of the births of children?

Dr. BAKER. For about 15 years, I think, or a little longer than that.

The CHAIRMAN. Has it been improving from year to year?

Dr. BAKER. It was 95 per cent perfect when it was accepted by the Census Bureau and since that time the registrar of records, I believe, now claims it to be 98 per cent perfect, which would show an improvement; but it is over 95 per cent perfect in any event.

The CHAIRMAN. You would feel perhaps—I say perhaps—that the improvement in the death rate of children might be offset a little bit, might be offset in some manner, by the better registration of births?

Dr. BAKER. Not that 2 or 3 per cent would not have made any perceivable effect upon the death rate.

The CHAIRMAN. About how many children are born now?

Dr. BAKER. About 135,000 a year.

The CHAIRMAN. Three per cent of that would make quite a bunch.

Dr. BAKER. But that would be the births upon which you computed your death rate; it would not be your deaths; so that your computation per 1,000 would be affected very little indeed by that. Really, we have worked it all out and it makes a difference of hardly a point in the death rate either way.

The CHAIRMAN. What has been the record in New York in respect to the death of children after they are a year or so old, for the next five years?

Dr. BAKER. The death rate of those children since we have been following it in the last 12 years, the death rate of the children between 1 and 5 and 5 and 10, has been reduced a greater proportion than the death rate under 1. This has followed almost in order in the group of children who have been growing up gradually under this care, thereby showing they have not only kept alive the first year but are alive and well at the end of 5 years and then at the end of 10 years.

The CHAIRMAN. Would you welcome a transfer of your authority and your duties to the department of labor of New York State?

Dr. BAKER. Would I?

The CHAIRMAN. Yes.

Dr. BAKER. No; I am perfectly satisfied and am getting on very well where I am. [Laughter.]

The CHAIRMAN. What would be your attitude if somebody would introduce a bill in the New York State Legislature or Assembly which would provide that hereafter all boards in New York which had to do with the work you are doing should come under the direction of the commissioner of labor of the State of New York; would you favor that or object to it?

Dr. BAKER. I would be somewhat in opposition to it. I would feel if the health services had been doing this work apparently well for the last 12 or 15 years, and suddenly you introduced a bill to turn it over to the department of labor, I would oppose it just as much in the Federal Government as in the State government.

The CHAIRMAN. Would you favor or object to it in New York State?

Dr. BAKER. As things are now in New York State, I must qualify my answer. The department of labor has never done any work of this kind; it has never attempted to do any work of this kind. The department of health has done it for 12 or 13 years and apparently with good results, and of course, naturally, I would object to turning it over to a department which knew nothing about it, did not pretend to know anything about it, and had done nothing with it.

The CHAIRMAN. And for the reasons you assign?

Dr. BAKER. Yes.

The CHAIRMAN. Now, when you come to the Federal situation, will you kindly suggest to the committee what work along infant care has ever been done by the Labor Department of the Federal Government.

Dr. BAKER. I tried a few minutes ago to outline that—the work of the Federal Children's Bureau. They have published quite a large number of pamphlets—I am quite sure Miss Lathrop would be better able to answer this than I can, but they have, since they were organized about eight years ago, done a tremendous amount of research work in the various cities and various communities throughout the United States, studying the causes of infant and maternal mortality and the best means by which they could be combatted. They have done a good deal of work, also, in regard to children at work in industries, which does not come under this bill, and three or four years ago they organized and carried out a children's year in the United States. Previous to that children's year there were, I believe, eight States that had a bureau of child hygiene. As a result of the propaganda and work done during the children's year, and the enormous interest aroused by the Children's Bureau, other States have started to organize bureaus of child hygiene, so that at the present time there are 35 States of the Union that have a child bureau of hygiene, and the number has increased from 8 to 35 as a result of the work of the Children's Bureau during the children's year.

The CHAIRMAN. That is interesting; but the query was whether or not the Labor Department of the United States Government has ever undertaken to do any medical work or anything approaching medical work in respect of the causes of maternal and infant deaths, so far as you know?

Dr. BAKER. I am afraid, Mr. Chairman, I do not entirely comprehend your question. They are prohibited by the very nature of their being and the legislation that brought them into being, from doing administrative work; they are not allowed to do administrative work. Nor do I assume that this bill gives the Children's Bureau the authority to carry out administrative work in the various States. I would be opposed to it in such case.

The CHAIRMAN. I am presenting this thought by virtue of the inspiration which comes from your own testimony. You have set up pretty conclusively and answered pretty accurately that your work, and I think you are doing a most excellent work, is based and carried on under medical direction, and you do not want the department of labor of New York State to get their hands on it, because they have not done those things that the medical department of the State with which you are working have done. Now, I ask you, in order to bring the question to this bill, whether or not you find, in the relations of the Labor Department to the Federal Government, that they have done any more work on maternal and infant deaths than the labor department of New York State.

Dr. BAKER. Oh, emphatically. I believe we are confusing two different types of organization. The work of the bureau of child hygiene of New York City is distinctly administrative work. This bill provides that the various States carry out the administrative programs we carry out in New York City. The Federal bureau is to act wholly in an advisory capacity in regard to the administrative program and pre-

sumably as to whether they are keeping up that program. Now, if the New York State department of labor has had as good a background as the Federal Department of Labor in the Children's Bureau, and had done anything like the work the Federal Department of Labor has done in fitting themselves to act in an advisory capacity, I certainly would have no objection to their advising me to the fullest extent on the administrative functions.

The CHAIRMAN. How would you like to have the United States Government, through Congress, legislate in such a way as to put your New York health organization, with which you are connected and of which you are the director, as to its future operations, under any department of the Federal Government?

Dr. BAKER. As far as this bill is concerned, if you mean putting it under in that sense, I should have no feeling whatever about submitting any program we have in New York to the Federal Government for approval.

The CHAIRMAN. And you would be willing to have the Federal Government step in and supersede the New York State authorities?

Dr. BAKER. No, sir; and I do not think there is anything whatever in this bill that supersedes the authority of the State by any Federal department; but, as far as this bill is concerned, any relation which this bill provides will be quite welcome in New York City.

The CHAIRMAN. As the representative of the New York City organization, you are well satisfied with things as they are in the health department?

Dr. BAKER. Yes, sir.

The CHAIRMAN. You do not want State interference, if you can help it?

Dr. BAKER. I would not mind if it were helpful; not at all. I should be glad to get advice any place I could.

The CHAIRMAN. But would you look with favor upon the establishment or the passage of legislation in New York State which would take your local department out of the hands of the local board of health?

Dr. BAKER. That is so intimately connected with all the questions of city government, Mr. Chairman, I think one can hardly answer it. I should not want to see just the bureau of child hygiene placed under State control and all the rest left in city control; but certainly if the whole of it was placed in State control I should have no objection whatever to the bureau of child hygiene going along with it.

The CHAIRMAN. But you do feel that New York City can take care of its own health functions?

Dr. BAKER. Yes, sir; and I look upon this in the light that the States will be stimulated to take care of their own, and I think they should; and certainly administratively the bill provides they shall entirely take care of their own.

The CHAIRMAN. Do you conceive that the proponents of this bill will deny any intention of them having any administrative authority extended to it by virtue of the authority it might get under this bill?

Dr. BAKER. May I say in that connection——

The CHAIRMAN. Say anything you want to, Doctor; we are here to learn.

Dr. BAKER. When this bill was first introduced in Congress there was a clause in this bill which provided for the organization in each State of a separate committee to work out a program under the general control of the Federal Children's Bureau, and I appeared before the House committee in opposition to the bill on that ground. I am absolutely opposed to any Federal administrative functions in the States, and if this bill were to be so amended as to give administrative functions to a Federal department, to come into the States and carry on the work, I think I can promise you I will be down here to appear against it again.

The CHAIRMAN. Now, I do not want to detain you too long; just one more question. Would you be in favor of amending this bill in such a way as positively to confine the duties and authority of the Children's Bureau to the point of being advisory to the proper organizations in the several States?

Dr. BAKER. I certainly would, and I look upon it as being so confined as it stands at the present time.

Mr. COOPER. Just one short question, and I ask it for the record: Do you believe there is anything in the contemplated legislation or the bill which we are considering that would permit the Federal Government to take your work over in New York?

Dr. BAKER. No, sir; not in any way, or interfere in any way with the work we are doing.

The CHAIRMAN. A member of the committee has asked me to ask you one further question, although I think you have already answered it: Are you opposed to having the Federal Government, through the Children's Bureau as established now by law, take on any absolute administrative authority?

Dr. BAKER. Well, administrative authority may be construed in various ways. If you mean by that any direct administrative authority in the various States, or any part of the various States, I am opposed to it; yes, sir.

Mr. LEA. Doctor, in section 8 of this bill it provides:

"That any State desiring to avail itself of the benefits of this act shall, by its agency described in section 4, submit to the Children's Bureau for its approval detailed plans for carrying out the provisions of this act. These plans shall include the provisions to be made in the State for the administration of the act the provision of instruction in the hygiene of maternity and infancy through public-health nurses, consultation centers, and other suitable methods."

Now, would you regard that provision as in any way contrary to what you have stated?

Dr. BAKER. No, sir.

Mr. LEA. That would give the national organization the right to determine the policy of the administration of the law, would it not?

Dr. BAKER. I look upon the bill as it stands now, as giving the Children's Bureau simply the authority to pass upon the programs submitted by the States. The Children's Bureau, by virtue of its knowledge with reference to these questions could standardize programs or make suggestions for the various States which would probably be much better, in many cases, than the methods which the States could work out for themselves.

I am absolutely opposed to any administrative functions by the Federal Government in the States. But I can not assume that the Government could give out money for a program without considering the program determined upon.

Mr. LEA. The State would have to subordinate its plans to this bureau?

Dr. BAKER. To get the money it would, but there is nothing compulsory about it.

Mr. LEA. It could refuse to accept the benefits of this act?

Dr. BAKER. Absolutely.

Mr. COOPER. Mr. Lea, may I say that under the Good Roads Association law, we require the State to meet certain conditions?

Mr. LEA. Yes; this is the same plan.

Dr. BAKER. I should think it would be dangerous to give money from the Treasury of the Federal Government without some approval being given to the project for which it is to be spent.

Mr. LEA. That is what I thought. Do you consider that objectionable?

Dr. BAKER. No, sir.

Mr. MERRITT. Doctor, I wanted to ask whether under the New York law there is any provision for maternity benefits; do the mothers get any bonus or bounty as mothers?

Dr. BAKER. No, sir.

Mr. MERRITT. Is free milk furnished to the babies?

Dr. BAKER. No, sir; they pay for the milk. When we find cases where they are unable to pay for the milk, by cooperation with relief and welfare agencies, we get the money and pay for the milk, and in that way give it to them free. But in the greatest proportion of these cases the mothers pay for the milk.

Mr. BURROUGHS. Just one question, Doctor. I hope we do not tire you.

Dr. BAKER. I am very glad to answer.

Mr. BURROUGHS. I wondered if you understood that the conditions were laid down in this bill with sufficient definiteness, upon compliance with which the States would be entitled to participate in this fund, and so that in case they were refused, unjustly, by the Federal officials, a mandamus would lie, or they would be compelled by the Federal courts or any courts to pay over the money; I mean, in case the conditions had been absolutely met?

Dr. BAKER. I do not see how a mandamus would lie, because I can not understand how, according to the provisions of the bill, there is any higher authority than this advisory board.

Mr. BURROUGHS. In other words, it is left to their discretion?

Dr. BAKER. It is left to their discretion, and the bill seems to me to end there. I assume there might be a legal procedure which might get out through another group; but there is no appeal, apparently, from this advisory board.

Mr. BURROUGHS. I wondered if you understood that.

Dr. BAKER. That is my interpretation of it.

Mr. TOWNER. For the record, and also for the information of the committee, I want to read the act creating the Children's Bureau [reading]: "The said bureau shall investigate and report to said department"—that is, the Department of Labor—"upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and

diseases of children, employment legislation affecting children in the several States and Territories."

Mr. GRAHAM. May I ask Judge Towner a question?

The CHAIRMAN. Certainly.

Mr. GRAHAM. When was this Children's Bureau organized?

Mr. TOWNER. The act was passed in April, 1912.

Mr. GRAHAM. Do you know how much of an appropriation it carried in the current appropriation bill for the next period for that bureau?

Mr. TOWNER. No; but Miss Lathrop can tell you.

Miss LATHROP. Just what it had for the past year, I think, $270,000.

Mr. GRAHAM. Do you know how much it was for the first year?

Mr. TOWNER. $25,000.

Mr. GRAHAM. Judge Towner, how large a personnel has the Children's Bureau at this time, do you know?

Mr. TOWNER. No; I could not tell you. I will say, Mr. Graham, all those figures Miss Lathrop can give you. I have not looked the matter up lately. The increase that would be possible in appropriations under the terms of the bill and the amendment adopted by the Senate would limit the administrative features and limit the expenditures, in so far as this bureau are concerned, to $30,000.

Mr. GRAHAM. Would that include the additional expenses provided in this act wherein it is stated that they may employ such additional help as they require, for instance, under section 6?

Mr. TOWNER. That is exactly it. All of their expenditures are limited to 5 per cent in the original bill, and to 3 per cent as amended by the Senate committee.

The CHAIRMAN. Will Dr. Baker resume just a moment for the benefit of the committee?

Dr. BAKER. I will be glad to.

The CHAIRMAN. Mr. Denison wants to ask you some questions.

Mr. DENISON. There is one point I want to get some information about, and that is the question pertaining to the administration of the work in New York. Do I understand that the service of which you are the head has several centers or offices?

Dr. BAKER. Yes, sir.

Mr. DENISON. You have these centers or offices, do you?

Dr. BAKER. Yes; we have an administrative office in each of our five boroughs. And then we have 68 housing babies' and children's health centers.

Mr. DENISON. Children's health centers?

Dr. BAKER. Yes, sir.

Mr. DENISON. What does that consist of?

Dr. BAKER. Of a store, and rooms. Physically speaking, it is two or three rooms equipped with scales, and utensils, to show the mothers how to modify milk, and there is a doctor's table and desk, and so on. These are consultation centers, also, where the mothers bring their babies, quite voluntarily, and have them examined, and the younger children also come there.

Mr. DENISON. What I called you back to ask you particularly was this: Does your department, or any of those connected with it, ever under any circumstances take the initiative in the administration of the benefits you administer?

Dr. BAKER. No, sir.

Mr. DENISON. In other words, do you go out, or do your representatives go out and seek cases, or do you depend upon them to come to you?

Dr. BAKER. When we first began we used to take copies of the birth certificates as they came in, and the nurses used to visit the mothers and explain to the mothers the workings of our service. They asked them whether they had their own physicians, and explained to them that if they did not, that they could go to these places for assistance and advice. After that, such suggestions as we made we found they would gladly follow. They came in such numbers that inside of a year we had to give up any method of canvassing, and since that time we have hardly been able to take care of the cases that come to us, or to keep up with the demands on us. We do have our nurses go to the homes and teach the mothers and the family vital things about the baby's care.

Mr. DENISON. Do they go voluntarily, or only when they are called for?

Dr. BAKER. They go voluntarily. But there is nothing, so far as we have been able to observe, to lead anyone to suppose that this work is not more than welcomed. In fact, the people are very anxious for it.

Mr. DENISON. I was wondering whether or not, in the administration of the work, you sought out the homes or the mothers themselves, or whether you waited and let them seek you out?

Dr. BAKER. We do the latter entirely now, but in the beginning we did go around and visit them, because it was a new work and we wanted to let them know about it. And they came to us in great numbers. They were very glad to know about our work. At the present time we send out a copy of the birth certificate to every mother, and send a note along with it asking her to keep it as an evidence of the legal age of the child. And we call attention to the need of proper care for the baby, and tell her that if she does not have a physician of her own, or does not care to go anywhere else, the city is prepared to give her instruction for the care of her baby, if she chooses to have it.

Mr. DENISON. And if she does choose to have it, and comes to you, this service is all free?

Dr. BAKER. Absolutely.

Mr. DENISON. How far does that free service go?

Dr. BAKER. All of our service is free.

Mr. DENISON. Does the city furnish the nurses and the physician?

Dr. BAKER. Our service is not for the care of sick people; it is purely educational work, and teaching the people how to keep well; it is not the nursing of sick people at all.

Mr. DENISON. I assume that when the mother has given birth to a child there is more or less sickness.

Dr. BAKER. No; we do not give attention to the mother at that time. In New York, in Manhattan there is an association known as the Henry Street Nurses' Association; and in Brooklyn there is the Visiting Nurse Association, both of which associations are maintained by donations of one sort and another, and those associations are prepared to furnish nurses for such service at cost price, and they are maintained for the actual care of persons who are sick, and they will go to attend sick cases on call. And when we had cases where the mother is sick or the baby is sick, we send for one of those nurses.

Mr. DENISON. Your department does not handle those cases at all?

Dr. BAKER. No, sir; our work is purely preventive work.

Mr. DENISON. I did not get that in the first place.

Dr. BAKER. That is what I understand is the purpose of this bill.

Mr. MAPES. I want to ask you a question or two, Dr. Baker. Your testimony has been so interesting that I hope you will consider it a compliment rather than otherwise that the members of the committee desire to ask you so many questions.

Dr. BAKER. I am very glad, indeed, to answer.

Mr. MAPES. I want to ask you a question along the line of Mr. Denison's question. I have forgotten how many cases in New York City you said were given personal attention.

Dr. BAKER. About 60,000 babies a year.

Mr. MAPES. Sixty thousand babies a year?

Dr. BAKER. Yes; that is babies. When it comes to school children we reach about a million school children. We have a doctor and a nurse in school every day.

Mr. MAPES. Can you tell us in just a word what that personal attention consists of?

Dr. BAKER. Yes. The mother comes to the station, usually with her baby. She comes there either because she is pregnant or she comes with her baby. The baby is undressed, and it is given a thorough examination; inquiry is made as to how it is fed—and I may say that we have made great progress in the matter of feeding of children. A great deal of the infant mortality comes because of the lack of proper feeding, and we have induced most of the mothers who come to visit us to nurse their children. That is educational work and has been of great importance in the reduction of infant mortality rate.

Mr. MAPES. I understood you to say in answer to Mr. Denison that the personal attention that you give is all given at the centers?

Dr. BAKER. That is given at the centers. But if the mother needs some instruction in the home, and we have reason to believe the home surroundings are bad, or that the mother should be taught how to modify the milk, the nurse goes to the home in the afternoon and the mother is given instruction as to the care of the baby, as to food, and how to modify the milk, and general care of the baby and baby hygiene. The babies are kept under observation through the second year, and then, if possible, followed up until school age, or at least up to five years.

The CHAIRMAN. If that is all the questions, we are very much obliged to you, Dr. Baker.

Mr. TOWNER. Mr. Chairman, I will ask the committee to hear Dr. Philip Van Ingen, clinical professor of diseases of children, college of physicians and surgeons, Columbia University, New York, and attending physician, children's department, Bellevue Hospital, New York.

The CHAIRMAN. We will hear Dr. Van Ingen.

STATEMENT OF DR. PHILIP VAN INGEN, CLINICAL PROFESSOR OF DISEASES OF CHILDREN, COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA UNIVERSITY, NEW YORK; AND ATTENDING PHYSICIAN, CHILDREN'S DEPARTMENT, BELLEVUE HOSPITAL, NEW YORK.

Dr. VAN INGEN. Mr. Chairman and gentlemen of the committee, you have heard so much from the statistics given by Dr. Baker as to the needs of this work that I will not take up much of your time on statistics, except to emphasize some of them, in the hope that they will make still more impression. For that purpose I shall only emphasize a few of the high points.

Please remember that last year, according to the mortality statistics of the Department of Commerce, Bureau of the Census, within the birth registration area, 14,488 women died from causes due to childbirth. Also please remember that among women of childbearing age, which is usually called from 15 to 45, for statistical purposes, more women die from causes connected with childbirth than any other cause, with the exception of tuberculosis and influenza. Ten and two-tenths per cent of all the women from 15 to 45 who died during the year 1919 died from causes connected with childbirth.

The CHAIRMAN. What year?

Dr. VAN INGEN. 1919.

The CHAIRMAN. And that year only?

Dr. VAN INGEN. I have the figures here for that year only, but you will find that the figures apply to practically every year.

Mr. SANDERS. You say, except in tuberculosis and influenza?

Dr. VAN INGEN. Yes; unless I am mistaken, 1918 and 1919 were the only two years that the deaths connected with childbirth have not stood second on the list of the causes of death instead of third. There has been a slow but steady increase in the number of those deaths and the proportion of these deaths throughout the country.

As good an authority as J. Whitridge Williams, professor of obstetrics, Johns Hopkins University, announced before the committee on Public Health and National Quarantine of the Senate, "When we come to study the death rate from childbirth we find that the results in the United States are appalling and that there has been comparatively little improvement during the last 50 or 75 years."

Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Co., informed me just before I came down here that there is a distinct though very slight tendency to increase in the mortality from puerperal causes, and unless some powerful influence is put to work this will go on.

I have taken from the Mortailty Statistics of the Bureau of the Census the mortality rates from causes connected with childbirth per 1,000 living births in the various States in the birth registration area, which I will be glad to leave for insertion in the record.

The CHAIRMAN. Without objection the table may be inserted in the record.

(The tables referred to are here printed in full, as follows:)

Death rates from causes connected with childbirth per 1,000 living births in birth registration area.

	1915	1916	1917	1918	1919
California					8.0
Connecticut	5.6	4.9	5.1	7.5	6.2
Indiana			7.2	10.4	8.4
Kansas			7.6	11.4	8.2
Kentucky			6.0	8.0	6.3
Maine	6.8	7.8	6.7	8.6	8.6
Maryland		6.4	6.8	9.5	8.4
Massachusetts	5.7	6.0	6.5	9.2	7.1
Michigan	6.7	6.8	7.4	8.6	7.7
Minnesota	5.2	5.5	5.6	7.8	6.7
New Hampshire	6.1	7.2	7.0	7.8	9.0
New York	5.9	5.4	5.7	8.0	6.2
North Carolina			8.2	10.8	9.3
Ohio			7.1	9.7	7.4
Oregon					10.1
Pennsylvania	6.4	7.0	6.5	10.5	6.8
Rhode Island	6.6	5.8	6.3	9.8	
South Carolina					11.2
Utah			5.9	8.6	8.4
Vermont	6.1	7.8	6.3	8.0	8.0
Virginia			8.2	10.7	8.2
Washington			7.4	9.9	8.6
Wisconsin			5.7	6.0	4.8
Rate, all States	6.1	6.2	6.6	9.2	7.4

In no State is there a downward trend except in Wisconsin. Rates for 1918 must be disregarded, as the influenza epidemic had a very marked influence, influenza being particularly fatal in pregnant women.

Death rates from causes connected with childbirth per 1,000 living births in cities of over 100,000 population in birth registration area.

	1915	1916	1917	1918	1919
Bridgeport, Conn.	6.4	5.4	6.1	8.3	5.5
New Haven, Conn.	6.5	5.9	4.5	6.0	4.1
Washington, D. C.	7.0	10.1	8.5	9.1	8.5
Baltimore, Md.	.....	7.6	6.9	8.9	8.9
Boston, Mass.	8.3	7.1	9.1	11.6	9.1
Cambridge, Mass.	5.0	5.2	6.5	11.6	6.5
Fall River, Mass.	3.6	6.2	6.0	5.5	4.1
Lowell, Mass.	6.8	3.9	7.0	7.6	7.2
Worcester, Mass.	6.7	7.7	9.1	9.0	8.0
Detroit, Mich.	7.1	7.0	6.5	8.4	7.6
Grand Rapids, Mich.	6.7	5.7	7.2	11.6	8.5
Minneapolis, Minn.	5.6	5.7	5.2	6.9	7.3
St. Paul, Minn.	4.7	7.6	5.0	9.5	4.7
Albany, N. Y.	8.5	7.0	9.3	10.7	6.6
Buffalo, N. Y.	6.0	5.4	4.9	7.6	7.8
New York, N. Y.	5.6	5.3	5.1	7.3	5.7
Rochester, N. Y.	6.5	4.1	5.5	6.1	9.3
Syracuse, N. Y.	5.1	5.7	6.9	8.0	8.5
Philadelphia, Pa.	6.8	7.5	6.4	9.7	7.3
Pittsburgh, Pa.	7.9	9.2	10.0	10.1	8.4
Scranton, Pa.	8.3	8.8	8.2	12.1	11.8
Rate, all cities	6.4	6.5	7.0	9.6	7.9

Only cities which have been in the birth registration area 4 years or over are included. Of these 21 cities, only 6 show a downward tendency. Figures for 1918 must be disregarded. (See State figures.)

Dr. VAN INGEN. When we come to the second purpose for which this bill is proposed, namely, the protection of infancy and promotion of infant hygiene, we must divide up the subject of infant mortality somewhat. Infant mortality is the number of deaths under 1 year per thousand births during that year. When we study the causes of these deaths from the statistics available, we find a very encouraging decrease in the general infant mortality rate throughout the country. But when we come to look further we find this improvement is entirely in the mortality among babies who have passed through the first month of life. It is a startling fact that in the year 1919, of all the babies under 1 year of age who died, 47.4 per cent were under one month of age, and 33¼ per cent were under one week of age. The statement of a French scientist some years ago that a baby that is born into this world has less chance to live a week than a man of 90 is almost true to-day. I have not got the life tables here, and I am not enough of a statistician to thoroughly understand the life tables, I am sorry to say. But the fact is that that very nearly holds true to-day, that a baby that is born into the world has less chance to live a week than a man of 90 years of age.

Not only has the death rate under 1 month not improved, but the proportion of deaths under 1 month has steadily increased throughout this country. We find there is a slow but steady increase in the proportion of infant deaths which occur during the first month of life. It has been proven by medical men that those deaths among children under 1 month of age, the majority of them at any rate, are due to causes acting through the mother on the child before it is born. That is the reason for advocating prenatal care. To repeat, it has been shown without doubt, that the deaths of babies under 1 month of age, are almost entirely due to causes acting on the mother before the baby is born.

Mr. HOCH. How do you account for that decrease where deaths occurred after 1 month of age, and an increase in the death rate where death occurred before the child was 1 month of age?

Dr. VAN INGEN. I did not mean to say there was an increase in this rate. I said it was practically stationary, and that the proportion of deaths that occur during the first month has been increasing. The reason for improvement in the death rate after 1 month is that the deaths after 1 month of age are largely due to causes which may be preventable in another way; bad feeding, lack of maternal nursing, housing conditions, and bad conditions of living. In other words, they are conditions which can be tackled by teaching the mothers common-sense principles of how to take care of her children, which the animal is born with.

Mr. HOCH. I unders'ood that reason very well, but I was wondering why the same agencies that have been operating to improve the death rate above 1 month have not also been operating to improve the rate below 1 month. I understood you to say there was some improvement where death occurred after 1 month. I understand that is the purport of your statement.

Dr. VAN INGEN. It is perfectly possible to lower the infant mortality rate among infants under one month of age. Very little has been done along that line, except in a small way in a number of cities, and in some of the cities in a large way, as Dr. Baker has told you. I can give you some figures in a minute which I think will answer your question, sir.

Mr. HOCH. Do you think the improvement in the death rate where death occurred after one month of age has been due to agencies which operate throughout the country?

Dr. VAN INGEN. I do not think there is any question about it. I think if you study the situation throughout the country, you will come to the conclusion that the fundamentals of taking care of children have been taught by these agencies throughout the country, and that it is in a large measure the cause of the improvement. If you watch the infant mortality rates throughout the country and notice the activity of the agencies referred to, you will see that they go hand in hand.

New York established its first bureau of hygiene in 1908. The next year was the first year in which there was a marked drop in infant mortality. That year they got to work, but it was not very good work, because we did not know any better. We were not then emphasizing the educational side of it. The educational side began to be emphasized in 1911, and it was after 1911 that the drop in the infant mortality began to be very apparent, and it has been going down ever since.

Mr. HOCH. Are there any agencies now operating that are, as a matter of fact, devoting themselves to instruction that would lead to a reduction of the death rate of children after one month of age, that are not also operating to disseminate instruction which would tend to lower the death rate below one month of age?

Dr. VAN INGEN. Yes, sir; a great many of them, because it is an utterly different proposition. As I said, the greatest influences on infant mortality in children below one month of age are causes acting on the mother before the child is born, and, therefore, the instruction has to be done before the baby is born. The instruction for reducing the mortality in children after one month of age is a different proposition, and that is usually done at the centers where the babies are taken.

Mr. GRAHAM. Before you proceed, Doctor, I would like to ask you a question: I have been looking at this table which you have presented here, and there are some very interesting figures here. But I observe that there is a note on the second table that the figures for the year 1918 must be disregarded. What is the matter with those figures?

Dr. VAN INGEN. I said that those should be disregarded because they appear to prove my point too well for one thing. And the second thing is that that was the influenza year. There were more maternal deaths that year than any other year. Influenza had a very fatal effect on pregnant women. The mortality rate was higher among pregnant women in the year 1918 than any other year, and it was caused by influenza, and that is the reason that that year should be disregarded.

Mr. GRAHAM. They are correct figures, however?

Dr. VAN INGEN. Yes; but they are abnormal on account of the influenza; and the peculiarly fatal effect of influenza on pregnant women they should be disregarded, I think.

Mr. Graham asked a question a few minutes ago of Dr. Baker in regard to the maternal mortality rate among the foreign-born population. I think it was Mr. Graham that asked the question. In the birth registration area, the number of deaths from causes due to childbirth, among the native population was 7.4 per 1,000 births; among the foreign-born population it was 5.6, which shows that it is higher among the American women.

The CHAIRMAN. Will you pardon me, but the table which has been presented here by Dr. Baker for the record shows that the whole average was 7.4.

Dr. VAN INGEN. Yes, sir.

The CHAIRMAN. If it was 7.4 for the worst, and 5.6 for the best, how do you get that result?

Dr. VAN INGEN. I did not include the worst: the worst is among the Negro population.

The CHAIRMAN. Do you include Rhode Island?

Dr. VAN INGEN. No, sir. The birth registration area includes North Carolina, South Carolina, and Virginia, which have a large Negro population, and the maternity mortality rate is 12 and over.

The CHAIRMAN. You have excluded that?

Dr. VAN INGEN. No, sir.

The CHAIRMAN. Will you kindly repeat just what you did mean?

Dr. VAN INGEN. I said the mortality among mothers, native born white, was 7.4, in the birth registration area.

The CHAIRMAN. In a limited area?

Dr. VAN INGEN. Yes; the birth registration States, which were 22 in number, and the District of Columbia. The reason why the rate is not lower for the whole area, but is the same as that for the native born white women, 7.4, is because the death rate among the mothers of the Negro race is over 12, as you will find from the table in these "Mortality statistics, 1919."

Mr. COOPER. Doctor, may I ask you a question there?

Dr. VAN INGEN. Certainly.

Mr. COOPER. What did you say the death rate was among the white foreign born mothers?

Dr. VAN INGEN. Five and six-tenths per 1,000 live births.

Mr. COOPER. And is this true that these white foreign-born mothers accept this help, such as Dr. Baker is doing with her force, more readily than the native-born white mothers?

Dr. VAN INGEN. All I can say is, my personal opinion is they do. I have never made a study, and do not know whether Dr. Baker will indorse what I say or not, but in the cities I think we have an easier time with the foreign-born non-English-speaking people.

Mr. COOPER. If that is true, it speaks very well for this organization, does it not?

Dr. VAN INGEN. It speaks well for it, because there so many of the native whites are in the more rural States; our foreign-born population is so largely centered in the city, as against the country.

The CHAIRMAN. Do you subscribe to the statement that the United States stands seventeenth in the matter of infant mortality?

Dr. VAN INGEN. I accept it. I have never worked out the accuracy of the figures myself.

The CHAIRMAN. And if there are such a large number of deaths, and the mortality is so great among the colored mothers, the large number of deaths among them may be accountable for swelling to a considerable degree the number of deaths in the United States. Have you any views on that subject?

Dr. VAN INGEN. I think I do not quite understand you, Mr. Chairman.

The CHAIRMAN. Do you think our position of being seventeenth in the matter of mortality among mothers due to causes connected with childbirth is due to the fact that there are so many misfortunes coming to the colored mothers which have not been taken into account in this table? For instance, in South Carolina, when you go into these southern colored fields, the reports show 11.2, the highest number we have, and Maryland has 8.4?

Dr. VAN INGEN. I do not think that it will materially affect it, sir, because the rate for native-born white women being 7.4, and for the foreign-born white women 5.6, while the Negro mortality rate, 12.2, only brings us up to 7.4; even without the influence of the Negro mortality, I do not think we will move up much in that scale.

The CHAIRMAN. Can you tell us any other countries with which you are comparing the United States in order to put us in the seventeenth position?

Dr. VAN INGEN. Yes; England and Wales have stood persistently for some years past between three and four per thousand.

The CHAIRMAN. And the others?

Dr. VAN INGEN. I can not give you the others; I have not access to those figures.

Dr. BAKER. Here they are [handing paper to Dr. Van Ingen].

Dr. VAN INGEN. The figures show for Italy, in 1915, 2.2; Norway, 1915, 2.7; Sweden, 1915, 2.9; The Netherlands, 1919, 3.4; Prussia, 1914, 3.5; Japan, 1916, 3.5; Finland, 1916, 3.6; Hungary, 1915, 4; England and Wales, 1919, 4.4; France, 1913, 4.6; Australia, 1918, 4.7; Ireland, 1918, 4.8; New Zealand, 1919, 5.1; Spain, 1915, 5.2; Switzerland, 1915, 5.5; Scotland, 1919, 6.2; United States birth registration area, 1919, 7.4.

The CHAIRMAN. Is there any way you can say, for the benefit of the record and the committee, the mortality among the colored women?

Dr. VAN INGEN. No, sir.

Mr. GRAHAM. Are the Canadian figures there?

Dr. VAN INGEN. No, sir; Canada is evidently higher than ours. The reason for that I could not say. It has no birth registration. The figures you ask for are the mortality——

The CHAIRMAN. Yes.

Dr. VAN INGEN. From all causes of mortality connected with childbirth, among the colored people in the birth registration area this is 12.2.

The CHAIRMAN. In the birth registration area?

Dr. VAN INGEN. Yes; those are the only figures we have.

The CHAIRMAN. But you pick the cream of the country.

Dr. VAN INGEN. Those are the only figures we have.

The CHAIRMAN. You do not take the figures where the colored people are the most numerous.

Dr. VAN INGEN. No, sir; they are not in the birth registration area.

The CHAIRMAN. Is there no way of finding that out?

Dr. VAN INGEN. There is no way of finding that out, because they do not register their births.

The CHAIRMAN. If the figures in North Carolina are to be taken, and some of the other States where there is a large colored population that percentage would be driven up.

Dr. VAN INGEN. The 7.4 has nothing to do with any part of the country except in the birth registration area.

The CHAIRMAN. That would go to show that at the best we are behind all these other countries, excepting those States where it is the best.

Dr. VAN INGEN. I believe these figures are as accurate as any statistics. In the birth registration area, in the 22 States, they have good laws which they enforce.

The CHAIRMAN. So, regardless of the people of the colored race and the southern part of the country, we are still seventeenth?

Dr. VAN INGEN. Yes.

Mr. GRAHAM. What Southern States are included in that?

The CHAIRMAN. Whether it is a Southern State depends somewhat on the point of view. The States that have a large colored population, of those on this table, I think you might include Maryland, North Carolina, South Carolina, and Virginia.

Dr. VAN INGEN. Kentucky has a fair colored population, and that is included in that birth registration area. I think they have a fairly large colored population.

Mr. GRAHAM. Is the District of Columbia in that?

The CHAIRMAN. Yes. The District of Columbia is not included in the percentage; it is included here, but not taken into the percentage.

Dr. VAN INGEN. It is in my figure of 7.4. Mine is the 22 States and the District of Columbia, the entire birth registration area. The figures are not given for the cities alone. It is the entire State, which brings in the rural areas.

Mr. LEA. Doctor, what reasons can you assign for the unfavorable death rate in the United States?

Dr. VAN INGEN. Which kind of a death rate; infant mortailty?

Mr. LEA. Yes.

Dr. VAN INGEN. You mean generally, or——

Mr. LEA (interposing). I mean the contrast in those figures you have just presented between our country and foreign countries.

Dr. VAN INGEN. I think it is due to a great many things. I think one of them is the disgracefully poor obstetrical care which our mothers get in the rural districts and in the poorer districts.

Mr. GRAHAM. Please repeat that, Doctor; I did not hear what you said.

Dr. VAN INGEN. I think one reason is the very bad care which is given to women at the time of childbirth in the poorer districts; by poorer I mean the more scattered districts—in the small towns and in the country. I think that is one reason.

Mr. LEA. Would these statistics indicate that mortality is higher in the sparsely settled districts than in the congested districts?

Dr. VAN INGEN. I can not give you that. I think in the districts, as a whole, where you have not the congested population to take into account they have a slightly lower rate than they have in the larger cities where there is much congestion.

Mr. LEA. There must be some good reason for that monumental discrepancy.

Dr. VAN INGEN. You mean between ourselves and the foreign countries?

Mr. LEA. Yes, sir.

Dr. VAN INGEN. Yes; I think there is. The midwife is a very large factor in obstetrical work. And the midwife, on the other side, is well trained in her work. In this country, with the exception of a very few States, we do nothing for them; we neglect them.

Mr. COOPER. Doctor, is it not a fact that some of those countries which have a lower infant-mortality rate have already organized this work, having begun it years ago?

Dr. VAN INGEN. They have, sir; and I wanted to bring that out in what I was going to say now.

The provisions of this bill, if they become law, are not an experiment. I would not believe in the Government spending $1,500,000 on an experiment. This is not an experiment.

Mr. COOPER. Doctor, will you please tell us what Great Britain has done on this line?

Dr. VAN INGEN. Yes; Great Britain was 4.4 in 1920; in 1917 it was practically 4· she has stayed pretty steadily at 4 for several years.

Mr. COOPER. What are they doing in this work, I mean?

Dr. VAN INGEN. They are doing a very great deal, sir. They have a similar law to this law, if this bill should become a law. For several years England has granted

money from the central Government to local communities to carry out child-life plans, provided every plan was approved by the central authority, just as this proposed bill.

Now, as an example of the stimulating effect of this law upon the health work along that line, in 1917, there were in England and Wales 1,165 maternal and child welfare centers, of which 561 were carried on by official health authorities. In 1920—on the 1st of January, 1920, the Ministry of Health issued a list of maternity and child welfare centers of England and Wales, and there were 1,718 of such centers, in 1,266 towns and villages, of which 1,039, or nearly twice as many as in 1917, were carried on by local or county authorities. In 1917 the English death rate among babies under one week of age was 23, as against ours of 30.

Mr. COOPER. In other words, after England had experimented with this work, they went ahead and increased their work?

Dr. VAN INGEN. They have increased their work so enormously that in 1914 the Government appropriated 11,000 pounds on exactly the conditions that this bill provides.

The CHAIRMAN. Eleven thousand pounds; that is 11,000 pounds sterling, at what value at that time?

Dr. VAN INGEN. I do not know, sir. But England increased——

The CHAIRMAN (interposing). That would be $55,000 would it not, about?

Dr. VAN INGEN. Yes, sir.

The CHAIRMAN. That is all they gave?

Dr. VAN INGEN. That was in 1914.

The CHAIRMAN. In 1914?

Dr. VAN INGEN. Yes, sir; for the year 1918–19 the English Government appropriated over 200,000 pounds for these same purposes, and that was at a time when England's financial condition—I think everybody will concede that England's finances were very low at that time.

Mr. COOPER. In other words, the English Government must have felt that it was money well spent, or it would not have been done?

Dr. VAN INGEN. They have stated in their publications that it is the one thing that England will not cut down on, that it is real economy for England to spend money for that purpose.

The CHAIRMAN. Do you happen to know the constitution of the board or agency that has charge of this work?

Dr. VAN INGEN. You mean in England?

The CHAIRMAN. Yes.

Dr. VAN INGEN. Before the reorganization of the work into the ministry of health, the plan was approved by the medical officer of the local government board.

The CHAIRMAN. I mean for the general government.

Dr. VAN INGEN. They are part of the general government and were the reviewing authority. They had a medical officer of the local government board. This medical officer was Sir Arthur Newsholme.

The CHAIRMAN. So it rests in the hands of the central government?

Dr. VAN INGEN. Yes. It is now the duty of the ministry of health to pass on the plan.

The CHAIRMAN. Subject to the inspiration and direction from the medical sources representing the Government?

Dr. VAN INGEN. The plan is submitted by local authorities to the central government, and the central government says, "You raise the money necessary, and we will approve your plan."

The CHAIRMAN. Who represents the Government in so doing?

Dr. VAN INGEN. I think Sir George Newman.

The CHAIRMAN. Have they ever had any other medical man in charge of that work?

Dr. VAN INGEN. At the head of it?

The CHAIRMAN. At the head of it, or in it?

Dr. VAN INGEN. The reviewing authority since that law was passed was first Sir Arthur Newsholme and then Sir George Newman.

Mr. SWEET. It is purely advisory as to accepting the benefits of the act, by this reviewing authority?

Dr. VAN INGEN. Yes; exactly the same as our Children's Bureau.

Mr. SWEET. And not administrative in any way?

Dr. VAN INGEN. No, sir; except that they have got to show that they will do what they promise to do. It is just like our bill. There is no authority over the State health department, except to make them do what they said they would do.

Mr. SWEET. And the work was voluntary, so far as its acceptance was concerned?

Dr. VAN INGEN. Yes, sir.

Mr. SWEET. They could either accept it or reject it?

Dr. VAN INGEN. Yes, sir.

Mr. SWEET. And the law has worked well, you say?

Dr. VAN INGEN. Everybody in England says that it has done more to improve conditions in England than anything that has been done in the past 10 or 15 years.

Mr. SWEET. And you say in the last fiscal year they appropriated £200,000?

Dr. VAN INGEN. That was for the fiscal year 1918–19.

Mr. SWEET. Two years?

Dr. VAN INGEN. No; the fiscal year 1918–1919. Their fiscal year overlaps the calendar year. I do not have the figures for 1919, as I have not seen them yet, but they have steadily gone up in their appropriations. [Referring to book handed by some person in the room.] I see here that the total grant to be paid to the local authorities during the year ended March 1 was £526,217; it has gone up from £11,000.

The CHAIRMAN. If you translate that into American money, it would mean about $2,000,000?

Dr. VAN INGEN. Yes; that is, roughly speaking.

There is one other matter that I would like to mention, that has a bearing on the efficiency of this kind of work. The last figures that I know of on that subject are being compiled by the Maternity Center Association of New York. This association, during 1920, cared for over 11,000 mothers and their babies at the maternity centers, 25 in number, through its staff of doctors and nurses. Patients made 25,102 visits to the clinics, and 63,488 visits were made to the homes by the nurses, where they taught the mothers in their own homes to take care of their babies, and the work was done by well-trained nurses.

Figures on this subject are also being compiled by Dr. Louis I. Dublin, of the Metropolitan Life Insurance Co., and Dr. Dublin has given out a statement to the effect that the death rate among mothers due to causes connected with childbirth has been reduced two thirds; and the deaths among children under one month of age was one half, and the still births also one half, compared with the rates which prevailed in the borough of Manhattan for the same period.

Mr. COOPER. This work was all voluntary on the part of the mothers?

Dr. VAN INGEN. Absolutely. This is a voluntary organization.

Mr. COOPER. It has been intimated around in various quarters—and I have read the hearings before the Senate—that this bill contemplates compulsory medical attention; do you find anything of the kind in this bill?

Dr. VAN INGEN. Mr. Cooper, there is absolutely nothing that I can see of that kind in the bill, and I do not see how it can be read into the bill. In the first place, it is not the National Government's fault if it is. The Government has nothing to do with it. It puts it up to the State and the divisions of child hygiene to work out that point, and they have absolutely no authority to do anything of this kind. It is an offer pure and simple, and nothing else.

The Metropolitan Life Insurance Co.—and I have never heard of an insurance company being accused of having altruistic motives of spending money—the Metropolitan Life Insurance Co. considered this matter years ago of preventing infant deaths and they started to work on the matter, and to-day their work is so valuable in its beneficial effects that the insurance company has made arrangements in nearly all of the cities in which there are visiting nursing agencies for a nurse from the visiting nurse associations, to do nursing service for their policy holders, if the mother is willing to receive her help. They provide nursing for the mother before and after confinement to their insured women, and every insured woman is entitled to four visits from the nurse. The company has increased its expenditures along that line during the last year very greatly.

The CHAIRMAN. Do they do that for all of their policy holders?

Dr. VAN INGEN. When they are sick.

The CHAIRMAN. Do they not provide means of visiting their policy holders; doing a sort of social service work?

Dr. VAN INGEN. I do not think they are sending any nurses to people who are apparently well, with the exception of the prenatal cases, and there the expectant mother is entitled to two visits before labor by the nurse.

The CHAIRMAN. They are doing considerable work of that kind.

Dr. VAN INGEN. Yes; and they consider that it is a matter that is well worth spending money on.

Dr. GRAHAM. Doctor, to recur to these figures just a moment. The second page of this table gives the figures of the death rates from causes connected with childbirth per thousand living births in cities of over 100,000 population, and in that table New York City is given; in 1915 the rate was 5.6, while in 1919 it was 5.7. I do not remember whether Dr. Baker mentioned that proposition or not; I gathered, however, in a general way, from what she said that the death rate had decreased in New York City.

Dr. VAN INGEN. Not from that cause.

Dr. BAKER. What cause?

Dr. VAN INGEN. Maternal deaths per thousand births has not decreased.

Dr. BAKER. Oh, a great deal.

Dr. VAN INGEN. In the last five years?

Dr. BAKER. In the last five years the deaths from puerperal causes has shown a very marked decrease, and is now lower than any of the American cities, and the European cities in Dr. Howard's report.

Dr. VAN INGEN. That statement is different from mine; I was speaking of the two major causes of death, the one that used to be known as the lying-in fever, or blood poison——

Dr. BAKER (interposing). Maternal mortality, as I was speaking of it in New York City, is divided by Dr. Howard, and generally divided by all authorities, into the total maternity mortality and the maternal mortality on account of puerperal diseases. The total maternal deaths can only show a marked reduction as you reduce the deaths from puerperal causes. Those have been reduced very materially.

Mr. GRAHAM. As a matter of fact, Doctor, the total mortality percentage has increased?

Dr. BAKER. My understanding is the total mortality, in 10 years, has decreased.

Mr. GRAHAM. From 1910 to 1915, it is shown by the doctor's statement here, and I notice there is an increase in the years 1915 to 1919 both in New York State and in the city of New York.

Dr. BAKER. The maternal mortality has increased?

Mr. GRAHAM. As shown by these figures.

Dr. BAKER. That probably includes maternal mortality due to influenza and not strictly to the accidents and diseases of childbirth. I think you will find by studies made by the Children's Bureau and Dr. Howard's report and our own figures the maternal mortality from preventable causes has shown a marked decrease, and it is the only city in the United States that has shown that decrease. But in the last two years the total maternal death rate has gone up on account of the influenza, but there was an increase in the death rate during those years of deaths of both sexes and at all ages.

Mr. GRAHAM. These figures submitted by the doctor show that in 1915 it was 5.6; in 1916, 5.3; in 1917, 5.1, a gradual decrease; then in 1918 it was 7.3, and in 1919, 5.7.

Dr. BAKER. Those were the influenza years, which increased the death rates at all ages. If you will take the 10-year period and compare last year with 10 years ago, I think you will see there is a marked decrease in the maternal mortality rate.

Mr. GRAHAM. I thought that inasmuch as these figures were apparently in conflict with your statement it should be cleared up.

Dr. BAKER. There were a great many deaths among the mothers due to influenza, a disease that attacked everybody. But in cases actually connected with childbirth, there has been a decrease in the last 10 years, if you will exclude influenza, a disease that attacked everybody of all ages and both sexes.

Dr. VAN INGEN. If I may proceed, Mr. Chairman, I want to speak for a moment as a physician. A great deal has been said as to what is the attitude of the profession toward this bill, and what the attitude of the profession will be toward the bill. I have heard it said that doctors are against it. In defense of the doctors I want to say a word. Doctors are very conservative, and it is fortunate for the community that they are. The doctors want to understand the proposition, and doctors who practice obstetrics will not approve proposals of this kind until they have investigated, but they are skeptical. I think the medical profession must have been originated in Missouri, because you have always got to show a doctor before he will accept anything.

I want to quote, if I may, from the hearing before the Senate Committee on Public Health and National Quarantine in the Sixty-sixth Congress, when Dr. J. Whitridge Williams was before the committee, and he was asked by Senator Ransdell:

"Senator RANSDELL. Doctor, do you feel you are speaking for your profession very generally in advocating the passage of this bill?

"Dr. WILLIAMS. I can not quite say that, but I imagine that I am speaking for everyone that understands the problem. Many doctors do not understand it because they have had a very poor training in obstetrics, and regard childbirth as a normal function which should require very little attention. It is evident, however, from what I have said that such is not the case. That large numbers of women have had a great deal of trouble, that every year unnecessarily large numbers of women and children are lost, and that we have an amount of invalidism which is altogether preventable.

"Senator RANSDELL. Would there be any antagonism on the part of the ordinary doctor toward it?

"Dr. WILLIAMS. I think the ordinary doctor would welcome it."

Speaking as a physician, and I know something about what the attitude of the physicians is toward this kind of work—I have had a considerable amount of practical experience in my so-called leisure time in trying to help organize and supervise definite practical pieces of work that have been done for helping the community, especially the children and mothers. I have been connected with two or three of those things in New York. I was in the work for demonstrating the value of infant welfare centers, which has led up to Dr. Baker securing her appropriation for the carrying on of her work in this line. Of course, we worked with the health department. I have been connected with the work of maternity center avocation, and I have seen the attitude personally and practically of the doctors in the poorer parts of our city.

At first they are skeptical; at first they do not welcome it. When a new center is opened up, that is exactly the type of place where this question will come up. We have 25 centers under the maternity center association. The first thing we do when we go into a center is to get in touch with the doctors. We explain to them our methods of work, and explain it to them that we try to keep their patients well; that our work has nothing to do with their confinement, and is not for the purpose of taking away their legitimate work. And we have hardly had a single doctor who has not allowed us to visit his patients, and almost every one has allowed us to go in and watch his patients after his first experience with us. We have not had any doctor who has refused to work with us after we have gotten hold of his patients, and who has not continued to work with us. And many of our patients now who come into our centers are sent in by their doctors to be watched and cared for during pregnancy, and until they are confined. That is the attitude of the doctors. The same was true of the welfare stations; we have shown the doctors that we desire to cooperate with them; that it is not something that is not going to give him more duties and more responsibilities and cut down his work which he is entitled to, and he cooperates with us. I think you are going to find the opposition on the part of the doctors is going to be very, very small—short-lived.

Another thing has been brought up that I have heard; it has been mentioned here two or three times to-day, and that is whether the Children's Bureau is the proper bureau to administer this law. I speak as one who has had a little experience in trying to work out the practical details of this matter. The Children's Bureau is not a laymen's bureau, so far as the personnel is concerned. The director of hygiene of the bureau is a licensed physician, and an obstetrician of considerable experience, a physician who was in charge of an obstetrical hospital in California for several years before he came here, and just before coming here performed two of the most difficult operations in obstetrics. There are several other doctors in that bureau whose services are available. I want to say, as a doctor, that I personally do not think that the proper persons to work out the details of an educational campaign are doctors. To start with, this is a proposition for people who have had social experience, and who know how to organize an educational campaign. The doctors are wanted; their advice should be asked; they should pass upon the merits of the plans. The working out of the plan will be for those with social experience. The things that are going to be necessary to be done should be done by those with such experience. They will require special methods to meet special needs. It will be necessary to work it out differently in different parts of the country. It is going to be different, for instance, where you have a large Negro population. But the principles are the same, and the principles are pretty definitely worked out right now as to what kind of work this will be when it gets started. I do not feel that the Children's Bureau is disqualified because it has a few lay members on it.

Mr. NEWTON. You referred to a person who is now with the Children's Bureau as the director of hygiene?

Dr. VAN INGEN. Yes, sir.

Mr. NEWTON. What is the name of that individual?

Dr. VAN INGEN. Dr. Anna Rude.

Mr. NEWTON. How long has she been with the bureau?

Dr. VAN INGEN. Four years.

I want to say just two things more: Judge Towner spoke when this hearing was opened yesterday about ignorance as being one of the great causes of this condition. It is a fact, as can be attested by those who have watched it, that the three great causes in the majority of cases of deaths of mothers and babies are due to poverty, bad housing, and ignorance, and the greatest of these is ignorance.

The chairman spoke of the needs of economy, and the efforts of the Government to economize. There is such a thing, I believe, as extravagant economy. In the United

States of America, if these figures are correct, and I say nobody can question them, 12,000 mothers died in one year, and 28,500 babies under 1 month of age died——

Mr. SWEET (interposing). Right in that connection, Doctor, I want to ask you a question. Under proper care and proper treatment, how many of those mothers, and how many of those babies could have been saved?

Dr. VAN INGEN. According to experience among 11,000 mothers in the maternity centers—and exactly the same kind of thing can be done by the help provided for in this bill—fully two-thirds of the maternal mortality were prevented; one-half of the deaths among the children under 1 month of age, and one-half of the stillbirths.

Mr. SWEET. Give me your opinion, as a doctor, without referring definitely to any figures, what percentage of mothers and babies could have been saved, as you view it?

Dr. VAN INGEN. Among the group who could be reached, I believe that you can save 50 per cent of the mothers and babies.

Mr. COOPER. Do you believe, Doctor, that the social part of the child welfare work is about as important as the medical side of it?

Dr. VAN INGEN. I do; yes, sir.

Mr. COOPER. And that is a work that this bill contemplates, is it not?

Dr. VAN INGEN. Yes, sir.

Mr. COOPER. The social work, or field work?

Dr. VAN INGEN. The educational work, I consider, is 50 per cent of our battle. We have had examples of that over and over again. Until we began to resort to educational means in reducing our infant mortality in the various cities—and I am sure Dr. Baker will bear me out on that—we did something, but it is the prevention of sickness, and the prevention of death following sickness, rather than the treatment of sickness that is the most important thing to-day, and that is the means by which we are going to accomplish something. And I consider the saving of the lives of these babies, and the saving of the lives of 12,000 mothers—I have never figured out how much each life is worth—but I figure a million and a half dollars spent by the United States Government for that purpose would be money very wisely spent.

I have taken the liberty to bring with me a few statistical reports of infant mortality for 1920 in 519 cities of the United States. They are here, if any of the members of the committee desire to have them. These figures are in tabular form. These figures have been prepared by the American Child Hygiene Associations from 519 cities. They are all based on local reports, not on the Census Bureau reports, because they are not out as yet. The figures in heavy-faced type in the report referred to are from the official Census Bureau reports, and those in the light-faced type are from the local health authorities.

Mr. BARKLEY. Doctor, there appeared before this committee in the last Congress, and may appear again in opposition to this bill the representative of a society in New York known as the Citizens' Medical Reference Bureau. I do not know that you care to give any opinion as to the standing of that bureau, or what it is, but if you can give me any information on that, I would be glad to have it.

Dr. VAN INGEN. I think you will find very few men in New York who know anything about it. It is nothing in the way of a medical organization. I never heard of it until I saw it referred to in the testimony to which you refer. It is not one that has the least standing as a medical society in New York. You have asked me for my personal opinion, and that is my opinion.

Mr. BARKLEY. Do you know anything about the New York Anti-Vivisection Society, or the Society of Anti-Vivisection?

Dr. VAN INGEN. That is like shaking a red rag at a bull. I do not know them personally, but I know them to be a group who are doing their level best in the interest of saving the lives of a few dogs to prevent the doctors carrying on experiments to develop means of saving human life, such as the transfusion of blood, which is one of the most striking examples of experimental work upon animals. They are an association which is opposed to allowing medical colleges and schools of research to use dogs, at any rate, for their experimental purposes.

Mr. BARKLEY. Doctor, as a physician, would you give me your opinion as to whether the provisions of this bill have the remotest connection with vivisection?

Dr. VAV INGEN. No, sir; I fail to see how there is any connection between the two.

Mr. NEWTON. This society, most of them, are opposed to the use of any animals for experimental purposes, are they not?

Dr. VAN INGEN. I think probably they are.

Mr. NEWTON. From the dog down to the guinea pig?

Dr. VAN INGEN. I think probably that is true. But I notice they are opposed to the use of the dog particularly, because the dog is practically the only animal that is available for certain experiments.

Mr. Chairman, I have here the infant mortality rates for the United States in the birth registration area for the years 1915, 1916, 1917, 1918, and 1919, showing the rates under 1 year, under 1 month, and under 1 week for those various years; also the infant mortality rate for England and Wales at the same ages for the years 1915, 1916, and 1917; also for Australia, for the same ages for the years 1917, and 1919; and for New Zealand at the same ages for the year 1917; also the death rates from puerperal causes per 1,000 live births in the birth registration area for various cities for the years 1915, 1916, 1917, 1918, and 1919; also the statistics of infant mortality for England and Wales for the years 1911 to 1917, inclusive, showing the deaths under 1 month, under 1 year, which I would like, if agreeable to the committee, to have inserted in the record with my remarks.

The CHAIRMAN. Without objection, they will be inserted in the record.

(The tables so referred to are here printed in full, as follows:)

Infant mortality rates—Birth registration area.

	Under 1 year.	Under 1 month.	Under 1 week
UNITED STATES.			
1915	100	44	30
1916	101	44	30
1917	94	43	30
1918	101	44	31
1919	87	41	29
ENGLAND AND WALES.			
1915	110	38	23
1916	91	37	23
1917	97	37	24
AUSTRALIA.			
1917	56	29	21
1918			
1919	69	34	25
NEW ZEALAND.			
1917	48	28	

Death rates from puerperal causes per 1,000 live births—Birth registration area.

	Area.	Washington, D.C.	New York.	Boston.
1915	6.1	7.0	5.6	8.3
1916	6.2	10.1	5.3	7.1
1917	6.6	8.5	5.1	9.1
1918	9.2	9.1	7.3	11.6
1919	7.4	8.5	5.7	9.1

Boston rate: Of 37 cities over 100,000 only 8 had higher record and 3 as bad as Boston in 1919.

States.	1915	1916	1917	1918	1919
Massachusetts	5.7	6.0	6.5	9.2	7.1
New York	5.9	5.4	5.7	8.0	6.2

Statistics of infant mortality, England and Wales.

	Deaths under 1 month.	Deaths under 1 year.	Infant mortality rate.	
			Under 1 month.	Under 1 year.
			Per cent.	*Per cent.*
1911	35,817	114,90	41	130
1912	33,547	82,9	38	95
1913	34,781	95,[illegible]	39	108
1914	33,815	91,9	38	105
1915	30,867	89,3[illegible]	38	110
1916	28,979	71,64	37	91
1917	25,044	64,48[illegible]	37	96

The CHAIRMAN. Are there any other questions? If not, you will be excused, Doctor, and we are very much obliged to you.

The committee will now stand adjourned until 10 o'clock to-morrow morning.

(And thereupon, at 12 o'clock and 10 minutes p. m., the committee adjourned to meet on Thursday, July 14, 1921, at 10 o'clock a. m.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES
Thursday, July 14, 1921.

The committee met at 10.15 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. The committee will be in order. Mr. Towner, when you are ready we will proceed.

Mr. TOWNER. I am requested by Felix Cordova Davila, the Resident Commissioner of Porto Rico, to present this statement, which may be placed in the record with your consent, asking that the law be extended to Porto Rico. I ask that it be printed in the record.

The CHAIRMAN. If it is agreeable to you, Judge, such documents as this which you may hand to the Chair will be read at the end of the presentation of your side, so that it may be embodied in the record at that place.

Mr. TOWNER. Any arrangement that is satisfactory to the committee is satisfactory to me.

Mr. RAYBURN. Before we proceed I would like to determine the policy of the committee. Is it the intention of the committee to sit after 11 o'clock after to-day or to-morrow, when the tariff bill will be under the five-minute rule?

The CHAIRMAN. That question may well be brought up at this time.

Mr. RAYBURN. My understanding was that we would not try to sit during the sessions of the House. I was detained yesterday, but I would like to be here and hear this testimony. But I must be on the floor of the House during the consideration of the bill. I thought the decision the other day was that we would not sit during the sessions of the House.

The CHAIRMAN. That is quite true, but the observance of it has been rather neglected.

Mr. RAYBURN. I move that it be the sense of the committee that we do not sit during the sessions of the House.

The CHAIRMAN. The committee has heard the suggestion of Mr. Rayburn. Are there any remarks?

Mr. GRAHAM. May I suggest to Mr. Rayburn a modification of that, making it after to-day?

Mr. RAYBURN. Well, I am interested in this matter to-day, because I want some time if I can possibly get it.

Mr. GRAHAM. I think in that case you are entirely right, then.

Mr. RAYBURN. I think the committee ought at an early date to determine about bringing these hearings to a close and providing time for the opponents and the proponents of the measure. I think we could prolong these hearings all summer and probably not get much more information than if each side would designate six or eight people to present their case entirely to the committee.

The CHAIRMAN. Shall we take the sense of the committee now upon that? If there are no further remarks, the Chair will ask all those members who are in favor of bringing this hearing this morning to a close at 11 o'clock to manifest it by a show of hands.

Mr. MAPES. Mr. Chairman, I think it is essential that we determine what we are going to do while this tariff measure is under the 5-minute rule.

The CHAIRMAN. If there is no objection, the Chair will include all the time from now to and including the 21st of July.

Mr. MAPES. So far as I am concerned, I would just as soon sit a little while longer to-day, but it does not seem to me that we can under that five-minute rule.

The CHAIRMAN. With the understanding that the suggestion of limitation of the hour of session is to include all the time up to and including the 21st of July, the Chair will ask those favoring the idea of adjourning at 11 o'clock each day to manifest it by a show of hands.

(The motion was put and carried.)

The CHAIRMAN. The preponderance of opinion appears to be in favor of adjourning at 11 o'clock, and it will be so understood.

Mr. HAWES. Mr. Chairman, it is quite apparent that we have witnesses here from all over the United States, and if this hearing drags, these witnesses will have to remain for a period of 10 days in order to testify for only a period of 20 minutes. We should have an arrangement for night sessions, so that they can be taken care of. There is a witness here from my State that at the rate we are going could not be heard for a week. It is rather expensive staying in Washington.

Mr. MAPES. Mr. Chairman, is it possible for Judge Towner or somebody in charge of the hearings for the proponents to arrange to have those heard who are the most inconvenienced by staying here?

Mr. TOWNER. I will say to the gentleman that that is what we have been trying to do, so far as our witnesses are concerned.

Mr. LEA. Mr. Chairman, I would suggest that we try to make some arrangement about limiting the time. So far as I am concerned I think that this matter ought to be presented within a few hours for each side, and if the opponents and proponents of this matter could agree on it, I believe it would facilitate an early disposal of the matter. I think that the committee could get sufficient information on each side in a short time.

Mr. TOWNER. So far as I am concerned, Mr. Chairman and gentlemen of the committee, if you will give us two hours to-day we will close our testimony, with the understanding that a like limitation is placed on the other side with regard to the hours taken.

The CHAIRMAN. Well, Judge Towner and members of the committee, as chairman I shall have to object to any such arrangement. I am here as an umpire under the circumstances to see that fair play is meted out to everybody. It is a matter of history and fact that the proponents of this bill had an unlimited time in the last session of Congress, talked as long and as much as they wanted to; no interruptions and no limitations. They had prepared an immense amount of evidence and brought it together in the form of a printed document, which the Government has published. Now, to come here and take hold of your opponents, who were not organized at the time, who did not know this hearing was going on, and shut them off at two hours, against a long series of days in the last Congress, plus the time they have had here, is manifestly unfair, and as chairman I can not subscribe to any such plan. I am perfectly willing and glad to help the opponents and the proponents to get together and come to a reasonable agreement as to limitation, but I think the objection on the part of the opponents, who have not had a chance in court, should not be kept down to any few number of hours which it may take the proponents to finish their case. I do not think that is an equitable arrangement.

Mr. HUDDLESTON. May I not ask, Judge Towner, whether the proponents of this bill would not be willing to fix a certain limit of time for their presentation of the case, without regard to the opposition, your initial presentation, with the opportunity to reply? Assuredly no useful purpose is attained by indefinite talk. I have no doubt myself that every possible thing that could be said on both sides of this question can be said in two hours on each side, and repetition, killing time, serves no useful purpose. Of course, witnesses may want to speak, may want to express themselves, but if they have nothing new to say, what is the use of taking up the time? That is the point of view I have. We are here to get information, not to afford people an opportunity to get into the record.

Mr. TOWNER. I entirely agree with the gentleman, and I have offered to submit the matter without any testimony whatever, relying upon the testimony that has been adduced already in the previous hearings. I have offered to limit it to a number of witnesses. I have offered to limit it to a number of hours. I will accept any limitation, any arrangement that is reasonable.

Mr. HUDDLESTON. Can't you say what you want to say within a certain limit which you fix, and then you present the witnesses that you want to have talk?

Mr. TOWNER. I would be willing to do that.

Mr. HUDDLESTON. Then the other people do whatever they like to do.

Mr. TOWNER. That is very true, but under those circumstances wouldn't it be fair that at least we should have a very limited amount of time in rebuttal testimony?

The CHAIRMAN. That has been agreed to already. That was agreed to on the first day of the hearing.

Mr. TOWNER. Then we are perfectly willing that if we can have two hours to-day we will close, if we have a short time for rebuttal after the close.

Mr. RAYBURN. You can't have but half an hour to-day, because it is 10.30 now.

Mr. TOWNER. We will close just as soon as it is possible.

Mr. GRAHAM. May I address an inquiry to Mr. Rayburn? I don't know what time during the day—you probably don't either—that you will take your time on the floor, but I was wondering if we could take time this afternoon for a session of the committee at some time that would not inconvenience you, and let the proponents of this bill finish.

Mr. RAYBURN. It always inconveniences me to be in committee when the House is in session, because I am always on the floor when the House meets.

Mr. GRAHAM. I know you are.

Mr. RAYBURN. And I should object to a session of the committee in the afternoon.

Mr. TOWNER. Would it suit you, Mr. Rayburn, to have a session to-night? We will close to-night if you like.

Mr. RAYBURN. Well, that is a question for the committee to determine. I could not prevent that if I wanted to. I can prevent the committee from sitting during sessions of the House by objection, but I always meet with the committee when the House is not in session, when it meets.

Mr. TOWNER. We are willing to do anything and everything that can be suggested that will be fair.

The CHAIRMAN. Judge Towner, when you speak of two hours, do you want the time occupied by the delivery and answer of questions to the committee and from the committee deducted from your two hours or included?

Mr. TOWNER. Well, I don't know. We will try and get along, Mr. Chairman, upon that proposition. I think we will be able to get through with everybody under those circumstances.

The CHAIRMAN. The committee might not be able to get through, and if you don't give the members of the committee a chance to ask the questions that they have in their minds, there is going to be some trouble sooner or later.

Mr. TOWNER. I would say, Mr. Chairman, of course I had in mind the time that we would necessarily occupy. We have four witnesses that we want to introduce this morning, and while most of them will not be very long, one of the witnesses we regard as a very important witness, and it might be that the chairman would desire to ask some questions, and the members of the committee might desire to ask some questions.

Mr. COOPER. Mr. Chairman, I want to ask this question, if it is possible to find out of the opponents of this bill how much time they would like to have. Judge Towner has expressed himself. Now, if the opponents of the bill are here, or anyone is here to speak for them, I would like to find that out.

The CHAIRMAN. Perhaps the chairman is in the best position to answer that. The opponents apparently have no combination of personnel or participation which would make it easily possible for them without notice to decide that question in answer to your proposition. We could, however, ask all those present who are opposed to the bill to meet and if possible to organize for the purpose of considering the matter of time. So far as the Chair knows, there is a little bunch here and a little bunch there, and they have not been whipped up together under any arrangement of law and order, or for the purposes of propaganda, so that they are not in hand to decide until they may have met together. Now, it is only fair that we ask them to get together, and the Chair is under a certain obligation in respect of many people who have written in asking to be notified ahead of time in order that they may come.

If the committee desires to have the chairman try to get the forces of the opponents, so far as he knows them, to get together with a view to limiting the time, it will be a great pleasure for the chairman to do that.

Mr. COOPER. I for one would appreciate it. Then we would know just what we are going to do.

Mr. TOWNER. Mr. Chairman, shall I introduce the first witness?

The CHAIRMAN. If you please.

Mr. TOWNER. I will ask the committee to hear Dr. Ellen C. Potter, who is the director of the division of child health of the Pennsylvania State Department of Health.

STATEMENT OF DR. ELLEN C. POTTER, DIRECTOR OF THE DIVISION OF CHILD HYGIENE, PENNSYLVANIA STATE DEPARTMENT OF HEALTH.

Dr. POTTER. Mr. Chairman and members of the committee, I feel very much like a horse that has been brought up to the hurdle twice and then bolted by the side of it, and now I realize I have got to go over on behalf of this bill.

I presume that in your past you have at some time read Artemus Ward. You remember he says "the trouble with so many people is, they know such a lot that ain't so." We who have been following the opposition to this bill for the last two and a half years have begun to realize that that is one of the difficulties in regard to it, that the people who are against it know such a lot that "ain't so" about it.

Now I am not going to take your time and mine to knock down the straw men that are set up in opposition to this bill, but I do want to tell you, if I can in the time that is allotted to me, what this bill will mean to at least one great State of the Union, and how it will work in connection with that State.

Yesterday the question was asked: "What is the Children's Bureau now doing for the States?" I think possibly the State of Pennsylvania is in better position to answer that question than almost any other, because it is within the last two years that our division of child health has been organized as a part of the aftermath of the children's year which was mentioned yesterday as having been put on by the Children's Bureau about 1918. Our child health division bureau has been in existence in Pennsylvania for approximately 2 years, but under my own direction for 14 months. When I was brought into this division my first act was to come to Washngton to the Children's Bureau to get all the information that I could as to the method of organization, budget, literature, and all that sort of thing; and I am quite frank to say that I received the most valuable information that any State director could possibly get, and during the whole year and more that has intervened I have been in constant communication with the representatives of the bureau, asking them for advice of all sorts on all sorts of questions, and I have never been left without some satisfactory answer which I could put to good use in the development of the work in my own State. That being the case, it seems to me that it is not without significance that I should be sent by the official State organization down here to speak on behalf of this bill.

We have had experience for a year and more with the Children's Bureau and still want more of it, which would be provided through the passage of this bill. It seems to me that other States as well as Pennsylvania would profit by anything that would make it possible for the Children's Bureau to give more advice and more help to a State. I am here not only on behalf of official Pennsylvania, but I am also here as representing the three great women's organizations of the State, the League of Women Voters, the Federated Clubs, and the W. C. T. U., of which I am a member, and these three organizations have cooperated with us in a very splendid way in making known to our own men in Congress the fact that the folks back home did want the Sheppard-Towner bill passed. Not only so but these women have helped materially in insuring the success of the child health division in our State.

You know just as well as I that we are next to the richest State in the Union, and possibly as you think of that you will say, "Well, if you are so rich, why in the world don't you go ahead and do this work, if you think it is so well worth while doing?" There are two or three reasons which hold not only in our State but in other States as well, as to why we don't go ahead on our own. The first one is a fact which I feel is known to you, and that is that most legislators are timid about embarking on what seems to them a new undertaking in Government. They are timid about it, not appreciating that they have possibly the right to go ahead and create precedents. They are waiting to be shown by somebody higher up that this certain thing is a legitimate function of government. They are not in the position that you are, to be familiar with what is going on in the nations across the sea, knowing that over there they have worked out as part of the governmental function the protection of infancy and maternity, a perfectly legitimate function of government; they are not familiar with those things as you are, and you are in your positions because the people back home have recognized in you capacities for leadership, and they have sent you here to provide that leadership, and legislatures back home are looking to you to indicate the way to proceed.

In spite of the fact that Pennsylvania has not done anything in a very large way, Pennsylvania has done some things on its own initiative during this past year and has done it because, first, we have a governor who has really a vision for the welfare of its people; and then because he is advised by a commissioner of health who has imagination and who sees that the whole future of public health is based on the protection of

maternity and infancy, and that unless nations and States protect life at its source, they can not continue to be great nations.

And so, under the leadership of our governor and of our Commissioner of Health, we have modest appropriations with which we are going ahead on our child health work. Also at this last session of the legislature our men went so far as to pass an enabling act which said that if the Federal Government does appropriate funds for the protection of maternity and infancy—they went so far as to say old age—that the State of Pennsylvania would authorize its health department to accept such funds and to meet the conditions of the bill to carry out its purposes. They are waiting to be shown, and it takes a sum of money to show people that sort of thing.

The second reason why Pennsylvania and other States have not gone ahead in a large way on child-health work is due to one great American characteristic, which is that we do things much better, with much more enthusiasm and nerve when we do it as a mass movement, whether it is buying Liberty bonds, whether it is making surgical dressings, whether it is saving lives of mothers and babies. We do things as a mass better and in a very splendid way when we do not like to do it, when we are afraid to do it as individual units.

You are the people who can create that mass movement for child welfare, which is certain to be the great fundamental work in public health in the years to come. When you, as you can in this bill, say to the legislatures back home, "We do believe that it is a proper function of government to save the lives of mothers and babies; we do believe that it is one of the most worth-while things in the world; we believe in it so strongly that we are willing to go 50–50 for the next year with you on your expenses to put this work across." When you say that, you will have placed the departments of health of the various States in a position to "show" their own legislatures and to show their own people what can be done in this work for mothers and children. When they have been shown there will not be the slightest doubt in the world that adequate appropriations will be made by the States in the future to take care of their own work, because in this bill you say that "it is to be done by you, for your own babies, and for the mothers of those babies, and not by any higher power from outside the State."

I have said "adequate appropriations." I understand that that is one of the greatest bugaboos in connection with this bill, that it is going to build up such tremendous appropriations that will ultimately have to be taken out of the taxes. You have not as yet had experience with the thrifty administration of funds by women in official work. I can say most emphatically that as far as the work is concerned in Pennsylvania and the way that these funds will be applied and the way that this work will be carried on, just as we are doing it now in a small way, it will not build up huge obligations and taxes. Let me give you just one illustration that will prove that.

Last June, in Lycoming County, the tuberculosis association wanted to make a special study. They wanted help from the health department. The only department that could give aid at that time was the division of child health. There was no public health work done in that county except the tuberculosis work, which was done by our State, and which is provided for liberally in our State appropriations. I said to my agent who went up there—and by the way, she was a "nontechnical" person—"The thing that I want out of your help in that region are baby health stations started in that county." There were no public health nurses up there, save one State nurse in tuberculosis. There were no baby health stations, no visiting nurse service.

On the 15th of last July the first baby health station opened; to-day there are two baby health stations in Williamsport, with a registration of over 500 babies in them. There is a visiting nurse service established in Williamsport with at least two nurses besides the supervisor. Outside of Williamsport, in Little Jersey Shore, there is another baby health station with its own nurse and visiting nurse service, and on the other side of Williamsport, at Montgomery, is still another station with its own nurse and visiting nurse service. There are four public health nurse services in that county, 500 babies registered in just one of the four clinics, and prenatal work going on in all those stations in a small way, but, nevertheless, going on. And you say, "How much does it cost?"

Mr. MERRITT. How were these baby stations started? Was it a private enterprise?

Dr. POTTER. No; my "nontechnical" agent went up there with the idea of organizing the community to do its own work. She brought together the people who were interested in the Red Cross, the Antituberculosis Society in our own State work, the League of Women Voters, and various other people. They got together and decided that they would establish community health work. The funds came from the Antituberculosis Society, from the Red Cross, and by voluntary contribution, and

all this work is done without resort to the treasury either of the city of Williamsport or the county of Lycoming, and the only expense that it has been to the State was the traveling and maintenance expenses of that agent, who was up there for possibly six weeks, and the munificent sum of $1.50 an hour which was paid to the doctor who had charge of the clinic for two hours each week—a perfectly splendid man. And that possibly might lead me to say that we have only 40 doctors on our pay roll, and we pay them at the rate of $1.50 an hour for their service. They usually serve about two hours a week, but we have scores and scores of physicians who are serving in our stations without compensation of any sort, and one whom I take great pleasure in mentioning is the head of the pediatric section of the State Medical Society of Pennsylvania, Dr. Henry J. Curtin. So, you see, we have the backing of the medical profession in the work that we are doing, because we have demonstrated to them that this sort of work does not spoil the doctors' practice. It doesn't at all. In the city of Homestead, where last summer we made a special study of diarrheal diseases of children and where absolutely no treatment was given to the babies, but advise was given to the mothers as to their care, the doctors told us at the end of the summer that they had never had such a prosperous summer, as far as finances were concerned, and that they had never had such a satisfactory summer, in that they secured the sick babies before they were so desperately sick that they could not do anything for them. That is the way that it works out in one town, with no expense save that expense which was first incurred to bring the community together to a realization of what it could do for itself, and that is what we believe this bill will make possible all over the United States.

Mr. GRAHAM. Let me interrupt you right there. That illustrates something that I want to speak of. I have had a little bit of experience with Federal bureaus and Federal commissions and boards, and so on. I have observed that they are the least efficient and the most extravagant of almost any institution in the country, while such enterprises conducted by commissions of State and in local communities, in places like the city of New York, which Dr. Baker told us about, have been usually administered efficiently and with a minimum cost. Now, the thought very strongly in my mind is, when the Federal Government gets into this thing, whether the appropriations will not mount by jumps and bounds and whether there will not be built up in the Government here, as I have seen done time after time, a great monumental organization that will expend large sums of money, and perhaps not efficiently. I would like somebody's idea about that.

Furhermore, I want some one, before Judge Towner concludes with his list of witnesses, to tell me something about the legal phases of this proposition, as to the rights of Congress under the Constitution to make appropriations for this particular purpose, and as to the advisability of the Government making appropriations to be spent by the States for what has been heretofore considered exclusively State business.

I have no doubt as to the desirability of this work, and, accepting the figures that have been given here as true, it appears very manifest that it ought to be done; but shall the Federal Government go into it in a financial way, other than establishing a bureau here which shall help the States to build up this work in their own way?

Dr. POTTER. As I understand the purposes of this bill, it is largely to teach and help the States to help themselves, the States in turn to teach their counties to help themselves.

Mr. GRAHAM. But added to that is the feature which I have grave doubt about, namely, appropriating sums of money out of the Federal Treasury, raised by general Federal taxation, giving it to the States to be used by the States in this work. Now, I want some light on that.

Dr. POTTER. That would bring the highway construction and venereal-disease control in question also.

Mr. GRAHAM. I understand. That argument has been made to me time and time again, that it is an analogous case, but irrespective of what the Congress has done in the past, what about this particular instance? I do not believe that it is a fair argument for one to compare what we might do now with something that has been done heretofore, because what has been done heretofore may not have been well considered.

Dr. POTTER. That is very true. It seems to me, however, that it is just as strictly a function of Government to conserve life at its source as it is to conserve and to rehabilitate men who have been wounded and injured in battle. They are citizens of the United States; they have rendered great service to the Union, but there would be no Union, there would be no great United States, without the people in it, and the women and children are as much an obligation of the State, of the Government, National or State, as are these others.

Mr. GRAHAM. There is no greater asset of any State than its mothers and children. I agree with you on that, and there is nothing we are more interested in than the

conservation of these essential things, but we have a Government that is constitutional in its form, and we are limited to certain particular powers and functions—that is, the Congress of the United States, the legislative body, is. Now, what about the powers of this committee and the Congress to go into that sort of thing?

Dr. POTTER. Some one other than myself, versed in constitutional law, would have to answer that question, because I don't know. Assuming that it has been legal to appropriate to States for other purposes—we started our venereal disease control through grants on the 50–50 basis from the Government—assuming that those are legal, it seems to me that there is no question about the legality of the appropriation for the work for mothers and children.

Mr. GRAHAM. I suppose, Mr. Towner, later you will have some one speak on that subject, will you?

Mr. TOWNER. Yes; I will be glad to take that matter up with the gentleman. It will be presented, and I can take it up in rebuttal.

Dr. POTTER. Now, may I answer just one other question? You spoke of the possible danger of building up a great organization in the Federal Government to carry out the purposes of this bill. I feel reasonably certain that not having had experience in the past, as you have not, with the administration done by womankind, that possibly you will find that the work is not built up in that way under the guidance of a woman.

Mr. GRAHAM. I will welcome that day. [Laughter.]

Mr. COOPER. May I ask you this question: Is it not a fact that the Federal Government does make large appropriations of money in which the States get the benefit for the prevention of disease in cattle and hogs and agricultural crops?

Dr. POTTER. Yes, sir.

Mr. COOPER. No one objects to that.

Dr. POTTER. No; they have not in the past, at least.

Mr. RAYBURN. That is food for human beings.

Dr. POTTER. We want to keep the human beings alive to eat the food.

Mr. TOWNER. Both are to save human life.

Mr. RAYBURN. I understand that.

Mr. GRAHAM. There is a difference in theory, if I may suggest. There is this difference: Such appropriations as are made for the live-stock industry, we will say, are made on the theory that these appropriations are to be used by the Government to stamp out certain diseases in certain localities, which ultimately results in benefit to the whole country; but here is a proposition to appropriate directly to the States sums of money to be used by the States in this work.

Mr. TOWNER. Mr. Chairman and Mr. Graham, may we not let Dr. Potter proceed now? We can take this matter up later and thrash it out among ourselves.

Dr. POTTER. The question arises, How urgently does the work need to be done? Poor old Pennsylvania, in spite of its favorable conditions, is about seventeenth down on the list of the States as to its infant mortality rate. Some of you were astonished at the rate Dr. Baker mentioned, 144 deaths per thousand, in New York City. In one of our towns, as reported in a publication issued by Dr. Van Ingen the other day, the death rate was 225 per thousand; in one of our counties the death rate was 170 per thousand. So that Pennsylvania does need to have this work done.

The impression seems to be in many places that Pennsylvania is so densely populated that it has a sufficient number of hospitals within easy reach of every one; that it has doctors within easy reach and nurses also. I think some of you think possibly we have to take up our cots in the morning and store them away in order to get room enough to step around and do our work in the daytime, because we have one-twelfth of the total population of the United States in our borders; yet in our State there are vast stretches of territory, populated territory, without a doctor or hospital or nurse, or even a midwife, and women and children die needlessly because they can not get the help that is needed. Let me give you just one illustration out of the northeastern corner of the State, from which I came just a few days ago.

We have there, not in the employ of the State, but a woman doctor with a missionary spirit. She goes out into those mountains, which are popular summer resorts of New York, New Jersey, and Pennsylvania and helps those women in the care of their children, carrying the kind of instruction that we want to be able to send officially and to help the counties to send officially into those regions. One day she had a case of a mother with her little baby with the croup. She showed that mother how to make a cold wet compress, which did relieve the condition and did save the baby's life. A day or two after that what do you suppose that mother did? She did the same thing other mothers will do all over this land if they are only given the right instructions. She tramped 9 miles over the mountains with her baby in her arms to go to the home of a sister who had a baby subject to croup, just as her own was, to show her how to put on cold wet packs, so that some time in emergency that baby need not

die. Then she tramped over the trail 9 or 10 miles back. It is, as Dr. Baker says, from mouth to mouth in the tenements that the correct instruction is given, and so it will be on the mountains and plains. But some one must be there to start the right instruction to displace the old wives' tales.

That same woman doctor by telephone from the forester's cabin was called in the dead of winter out to one of those little shacks on the mountainside where a new life was coming into the world. The roads were unbroken for days; the postman had not gone through, but with her sleigh and driver and pair of horses she went out to the end of the broken roads. Then the farmers turning out ahead of her, going from 7 o'clock in the morning till 7 o'clock at night before reaching that place on the mountains, and the baby coming at 9, the little shack was too small to hold the group that had gone up there to help, so they went over to the forester's cabin and were put up for the night, the forester's wife, a Virginia girl, giving to them the hospitality that Virginia knows so well how to give. Down the trail in the morning, the baby alive, the mother alive, and the women back there in the hills knowing that there was somebody there to help. It is that sort of thing that we want to do.

Out in that region your good roads are going through. I drove over some of them the other day, and it is on those good roads that we want to send help out into the rural communities. What is the good of laying down good roads if you are not going to follow it up with the thing that is most essential—health and education—to go out into those regions? And it is in those regions that the feeble-minded and the degenerate are being bred, in those regions that have been deforested and from which the tanneries have gone, and those people are either too poor physically, mentally, or financially to get out. They are breeding there like flies and dying like flies, and unless we can send the pure breath of health and help, and have hospitals within reach, and have doctors within reach, we shall not have done our duty by the people in our State.

Mr. HAWES. Doctor, I want to take advantage of your practical experience to ask you a few questions. I assume that there is not a man on this committee that does not want to help the work which you and your organization are interested in, but there are certain practical questions that we are not familiar with. You are a member of the board of health or of the health department?

Dr. POTTER. I am a member of the health department, not of the board.

Mr. HAWES. Do you know the amount of the annual appropriation for the health department in the State of Pennsylvania?

Dr. POTTER. Somewhere between $5,000,000 and $6,000,000 for the appropriation period of two years, which for the year would be $2,600,000 plus. We unfortunately had to be cut about $350,000 this year because so large a share of the State funds had to be given to education.

Mr. HAWES. Between $5,000,000 and $6,000,000? Now, if this bill went through, you would have added to that first, $10,000 which each State gets; then your proportion of the $1,000,000, which we will say would approximate $30,000. So the total contribution of the United States, if you apply your $6,000,000 spent by Pennsylvania, could only be approximately $40,000. Is that correct?.

Dr. POTTER. I don't know exactly what it is, but if our State population is about one-twelfth of the total population of the United States that would be our proportion plus the $10,000.

Mr. HAWES. That would be all that you would secure from Uncle Sam under this bill.

Your organization acts under the direction of the board of health of Pennsylvania?

Dr. POTTER. Under the commissioner of health, who has associated with him what is called an advisory board.

Mr. HAWES. You have a department of labor in Pennsylvania, have you not?

Mr. POTTER. Yes, sir.

Mr. HAWES. Would you like to have the health department transferred to the department of labor in Pennsylvania?

Dr. POTTER. I don't think it would be possible.

Mr. HAWES. Yet this bill contemplates that 48 States, each having a health department, this work is carried on by that particular body; it is to be placed under the national direction of a department of labor. Is that correct?

Dr. POTTER. Not under the direction but under the advice and help and assistance. And we have learned in the past that that is so very well worth having that we are glad to have it.

Mr. HAWES. Would it not be rather an anomalous situation to find 48 States were attending to this work under the direction of health departments, and now the Government comes in and directs it to be done under the Department of Labor?

Dr. POTTER. I think that in answer to that I should practically repeat what Dr. Baker said yesterday, that in our State, as in New York City, we believe that ultimately all the health functions of the Government ought to be under a department of health, and that we believe that very probably in the reorganization plans which are in progress, that will happen. We believe, however, that this work is so tremendously important that it ought to be done at once; we believe that the bureau in which it is now vested is the one that should undertake it, and the future we believe will take care of itself in that necessary adjustment.

Mr. HAWES. Doctor, we are writing a law, and I understand that the Child Bureau of the Department of Labor has been an eminent success, directed by women of exceptional capacity, and they have acquired by experience an added ability, but why can not that department be placed under the national department of health, the same as every other State function?

Dr. POTTER. You can make your laws just as you choose.

Mr. HAWES. Would there be any objection if we changed your bill to provide for moving the Children's Bureau from the Department of Labor to the department of health? Would there be objection to that?

Dr. POTTER. If there is a national department of health created, I should certainly think that the Children's Bureau would function best there.

The CHAIRMAN. The chairman regrets that he has to call attention to the fact that the hour of 11 o'clock has arrived, and by vote of the committee that means the termination of this hearing, unless the committee sees fit to extend the time.

Mr. HAWES. Mr. Chairman, I think we ought to give these witnesses a night session.

Mr. MERRITT. I move that the committee proceed until 12 o'clock.

Mr. HAWES. I move, Mr. Chairman, that we hold a night session.

Mr. RAYBURN. I make the point of order, Mr. Chairman, that the House will be in session to-night if the program is carried out, and this committee can not sit during the sessions of the House, except by unanimous consent or consent of the House.

The CHAIRMAN. Well, we might get around it by saying that we would call the meeting to-night subject to the session of the House.

Mr. RAYBURN. To overcome the objection, if the House is not in session, we might meet at 9 o'clock in the morning or 8 o'clock in the morning—any time.

Mr. HAWES. In order to conform to Mr. Rayburn's objection, I will so amend my motion.

The CHAIRMAN. Then that puts on the witnesses and on the committee the necessity of finding out whether the House meets, and coming and taking their chances.

Mr. HAWES. Then I withdraw my motion entirely, due to objection.

Mr. PARKER. Mr. Chairman, I move that we meet to-morrow morning at 9 o'clock.

The CHAIRMAN. Are there any remarks on that motion?

(The motion was seconded, put, and carried. Whereupon, at 11 o'clock a. m., the committee adjourned until 9 o'clock a. m., Friday, July 15, 1921.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Friday, July 15, 1921.

The committee met at 9 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. The committee will come to order. Judge Towner, will you resume, please.

Mr. TOWNER. Mr. Chairman, I will ask Dr. John A. Ryan, who is professor of economics of the Catholic University of America, and also is director of the National Catholic Welfare Council, to take the stand.

STATEMENT OF REV. DR. JOHN A. RYAN, CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, D. C.

The CHAIRMAN. Will you give your full name and residence?

Rev. Dr. RYAN. John A. Ryan. Catholic University, Washington.

I should like to preface the few direct remarks on the bill which I have to offer, with a word of explanation, especially since Judge Towner has just committed one of the mistakes which is involved in this explanation. Judge Towner referred to me as director of the National Catholic Welfare Council. I am not that. I am director of one department of the council. Some time ago the National Catholic Welfare Council issued a statement in favor of this bill. A few weeks or months later a gentleman in this city, who I believe is actively identified with the opposition to this bill, asked me

in the course of some correspondence on the subject, whether I thought the National Catholic Welfare Council intended actively to support the bill. I answered that my impression was that the National Catholic Welfare Council would not do any more than it had already done in its formal statement; that it would not engage actively in supporting or advocating the bill.

That statement was taken out of my letter and printed, made the basis of a considerable editorial, in which it was argued that this statement of mine was proof that the National Catholic Welfare Council had seen the error of its ways in indorsing the bill, and was now going to withdraw, or practically had withdrawn its indorsement, because, the editorial said, the director of the National Catholic Welfare Council now writes thus. Well, the letterhead upon which I wrote would have shown the gentleman that the directive authority of the National Catholic Welfare Council is in the hands of seven bishops. That I am merely director, and only one of the two directors of one of its departments, so that I have not the authority that was attributed to me, nor did my statement mean that the National Catholic Welfare Council had in any way rescinded or modified its original statement.

Now there are only two or three points, Mr. Chairman, that I care to take up.

Mr. SWEET. Just in that connection, I understand though, from your statement here, that you are for this bill?

Rev. Dr. RYAN. Yes, sir.

Mr. SWEET. And that while not taking an active part in advocating it, yet you believe that it will be a good thing for the country?

Rev. Dr. RYAN. Yes, sir. I might say that the fact that the National Catholic Welfare Council is not taking any active part in promoting the bill is not an exceptional fact at all. The National Catholic Welfare Council has indorsed a great many other bills, most of which it has not taken any position on in an active way as the bills progressed in the Congress.

Mr. SWEET. I understand the National Catholic Welfare Council is taking its usual conservative stand with regard to public measures.

Rev. Dr. RYAN. Exactly.

Mr. TOWNER. Let me interrupt, Father. But it has unreservedly indorsed this bill?

Rev. Dr. RYAN. Yes.

The CHAIRMAN. Will you please repeat that?

Rev. Dr. RYAN. It has unreservedly indorsed this bill, Judge Towner said.

The CHAIRMAN. The council?

Rev. Dr. RYAN. The council; yes.

The CHAIRMAN. Well, now, on that will you have the committee understand from that that it has unreservedly indorsed this bill against all other possible considerations, or just the purpose of the bill?

Rev. Dr. RYAN. Oh, the indorsement does not mean that all the details and provisions of this particular bill are approved, but just the general purpose.

The CHAIRMAN. The general purposes of the bill?

Rev. Dr. RYAN. Yes. And the bill as it then was formed. Let me add one more word of explanation. The National Catholic Welfare Council has not the authority of a disciplinary or governing body in the church. Any Catholic is perfectly free to dissent and to dissent publicly from its opinions if he likes. As a matter of fact some Catholics, at least, have dissented from the action of the council on this bill and have criticised it. But I am simply trying to clear up the position of the National Catholic Welfare Council with reference to the bill.

Now there are only two or three points with reference to the bill that I want to take up. It has been stated that this bill would be used as an instrument for the propagation of the doctrines or practices of birth control. Now I suppose, Mr. Chairman, I have written as much against birth control as any man in this country. I may say I do not believe in it at all. I think it is not only immoral but means the destruction of civilization. But I see nothing in this bill which in any vital way would promote that sort of teaching.

It is true that some of the nurses or other instructors who might be in the employ of the Children's Bureau administering the act would have an opportunity to urge such doctrines and practices among the people who would come under their ministrations, but that opportunity is already enjoyed by persons who are doing this work for the State health bureaus and the city bureaus of health, so there is no new method or way of propagating birth-control doctrines included in this bill. The most that can be said is that as there would be more persons engaged in this work; that opportunity would be somewhat increased. But I take it that the persons in charge of the Children's Bureau would be rather careful to see that nothing of that sort was done by their instructors. At least that is my understanding of their attitude and temper.

The second point that I wanted to notice is the charge which has been made, the assertion that the principle of this bill is contrary to the Catholic position concerning the functions of the State. I think the persons who make this assertion are making it without due reflection. It is true that the general Catholic position is that the State should keep its hands off the family. That the interests of the family are best taken care of by the parents, I subscribe to that doctrine unreservedly, not merely because it is the general teaching of my church, but because of my studies in the field of political science. That is the general rule.

In general I think it is better for individuals to do things for themselves than to have the State do things for them. It is more democratic, it means more development of the individual and greater human progress.

But it is also formal Catholic teaching that when the family is in such straits or in such distress of one kind or another, that this bad condition can be relieved only by State intervention, that then it is not only the right but the duty of the State to intervene. One can find this statement in almost so many words in the encyclical of Pope Leo XIII on the condition of labor. We also find in that encyclical this general statement, that whenever the common interest or any particular class is threatened with injury which can in no other way be met or averted, it is the duty of the public authority to intervene. So the only problem then is concerning the minor proposition. Is the matter covered by this bill one which is of such urgency that the State ought to intervene because the persons who are in distress, the families, can not help themselves?

Mr. MERRITT. Would you permit me to interrupt you a moment, Father?

Rev. Dr. RYAN. Yes.

Mr. MERRITT. You are now stating that in certain cases the State should intervene. Now under our Constitution please bear in mind there are two States.

Rev. Dr. RYAN. Yes, sir. I am talking simply about the general principles of public authority.

Mr. MERRITT. And we all agree, I think, that the State——

Rev. Dr. RYAN (interposing). Meaning the civil society.

Mr. MERRITT. Yes. We all agree, I think, that the State, either States or municipalities, have in some way a public duty toward the family in distress.

Rev. Dr. RYAN. Yes.

Mr. MERRITT. Well, of course you have here a supplementary question under our Constitution as to whether the United States should intervene and take away and limit the responsibility and the action of the States as States.

Rev. Dr. RYAN. Yes.

Mr. MERRITT. That is the question.

Rev. Dr. RYAN. Well, I was simply addressing myself to the general objection that is made among my own coreligionists, some of them, regarding the function of the State, written with a large "S," public authority in general.

Mr. MERRITT. I agree with that in general, but the question is what public authority. Now let me ask you one other question. You are familiar, no doubt, with the Smith-Towner education bill. The broad principle of that is that it is essential for the United States to assist the States in various directions. Did you agree to the principles of that bill?

Rev. Dr. RYAN. I think that I did not. I must say that I have not given it sufficient consideration to feel justified in answering your question fully. I never could get quite as much excited about it as some people are, so I decided that perhaps there are other things that I can devote my attention to with better results.

I may say, however, that I think there are large differences, possibly not of principle, but certainly of policy, between the purpose and scope of the Sheppard-Towner bill and of the Smith-Towner bill.

The CHAIRMAN. You say you think the principles may be the same?

Rev. Dr. RYAN. In a general way I think the principle is the same.

The CHAIRMAN. And do you think the United States Government can differentiate on a matter of principle between tweedle-dee and tweedle-dum?

Rev. Dr. RYAN. Why, yes, Mr. Chairman, in this way. There may be a principle which will justify the exercise of the State in two different fields. It may be the same principle. But there may be a question of policy as to whether it may be wise for the State to intervene in both fields.

The CHAIRMAN. The United States, you mean?

Rev. Dr. RYAN. The United States, yes.

The CHAIRMAN. Both are held out as educational undertakings?

Rev. Dr. RYAN. Yes.

The CHAIRMAN. The question of whether you come down this spoke of the wheel for education or down that spoke of the wheel is eliminated.

Rev. Dr. RYAN. Yes.

The CHAIRMAN. Why, then, do you see a difference between the State interfering in one field and not interfering in the other?

Rev. Dr. RYAN. Well, there is the primary difference that the provisions of the Sheppard-Towner bill do not involve any attitude toward or dealing with the matter of education in general. It has one very limited field of education, and a field which is quite special, and has direct social bearing rather than educational bearing. It is educational only in a limited sense for a larger social purpose. I do not think we can apply the adjective "educational" fairly to both proposals without reservation, without some qualification.

Mr. MERRITT. Well, isn't this true, that you think the principle is rather dangerous, but in this case it is not so very dangerous?

Rev. Dr. RYAN. There is something to that. I think that there is always a danger when the State, the United States, or any separate State enters a new field, that the thing may be abused. But I take it that experience justifies us in saying that the instances in which good departures of that sort have been abused are not very large. And that it is up to the Congress to see that the thing is not extended beyond reasonable limits later on.

The CHAIRMAN. Now, Father, let us call brass tacks brass tacks and get at this thing as long as it has been introduced. In your testimony you have spoken of the viewpoint of your church.

Rev. Dr. RYAN. Yes.

The CHAIRMAN. And I take no exception whatever to that. But I would like to ask you if it has not likewise come to be generally believed that the viewpoint of your church on the Smith-Towner bill is in opposition to the bill?

Rev. Dr. RYAN. Oh, it is.

The CHAIRMAN. Now to that extent then you naturally would not favor that bill, and I think you are logical. But I would like to ask, further, if it appears that the Sheppard-Towner bill does not incur the objection of your church, and if the difference between the two is not the church view in both instances?

Rev. Dr. RYAN. I did not catch the last part of your question, Mr. Chairman.

The CHAIRMAN. My point is this, that I feel that you are opposed to the Smith-Towner bill because of the view of your church, which we have come to know is a definite objection, and we do not argue that. If I am right, you probably will agree. Now when it comes to the Sheppard-Towner bill you do not have the same church feeling toward that bill, and for that reason you do not see any cause for objecting to it. And for other reasons you see causes for favoring it.

Rev. Dr. RYAN. Yes.

The CHAIRMAN. So that it looks to me, based on your statement that the principles are virtually the same, that your attitude toward one bill or the other bill is considerably affected from the church point of view, and of course it would seem to me that the Congress of the United States can not differentiate on a matter of principle in respect to the views of any one religion toward this bill, that bill, or any other bill.

Rev. Dr. RYAN. Perhaps I have not made my position fully understood with regard to the Smith-Towner bill.

The CHAIRMAN. We are not trying to lead you to destruction, Father, at all.

Rev. Dr. RYAN. No; I will say everything that is in my mind.

The CHAIRMAN. But in view of the fact that it has been brought in by your good self you can not blame us for going into that particular line to see where it fits in on that particular discussion.

Rev. Dr. RYAN. I might observe, Mr. Chairman, that I did not bring in the Smith-Towner bill myself. It was brought in by the Congressman.

The CHAIRMAN. Yes; we will grant that, we will grant that.

Rev. Dr. RYAN. I do not think that I said that my opposition to the Smith-Towner bill was based on the attitude of the National Catholic Welfare Council.

The CHAIRMAN. No; I do not think you did until you were asked. Then you admitted that you were opposed to the bill, that your church was opposed to the bill.

Rev. Dr. RYAN. Oh, I admitted that I was opposed to the bill, but I did not say that was the only reason why I was opposed.

The CHAIRMAN. No; quite so.

Rev. Dr. RYAN. As a matter of fact, before the National Catholic Welfare Council made its statements on the Smith-Towner bill, I said occasionally in conversation that I was opposed to it, that I did not like it. The differences between what that bill proposes to do and what the Sheppard-Towner bill proposes to do are so very great and have so many ramifications that I do not think we can fairly compare the two by simply saying that they both involve the same principle. If they involved

the same principle of State subsidy or United States subsidy that might be so, but the Smith-Towner bill involves very much more that that, involves matters which have no parallel in the Sheppard-Towner bill, as far as I see.

Now, just a final word with reference to the——

Mr. GRAHAM. Before you leave that may I say a word?

The CHAIRMAN. Mr. Graham.

Mr. GRAHAM. I was struck with what you said, Father Ryan, about your belief in the maintenance of the right of the family to govern itself. I agree with you entirely. I think that is most essential. But I find in the original act authorizing the establishment of the Children's Bureau this language:

"But no official or agent or representative of said bureau shall, over the objection of the head of the family, enter any house used exclusively as a family residence."

No doubt that was put in there to cover the very idea that you have in mind. But I do not find in this act here any such limitation; and inasmuch as this is subsequent legislation, if it is enacted it might be held that that safeguard was not contained in the law. Do you not think it ought to be?

Rev. Dr. RYAN. Yes; I do. And my understanding is that that was inserted, and that it is in the bill as recommended by the committee in the Senate.

The CHAIRMAN. The Senate committee?

Rev. Dr. RYAN. That is my understanding.

The CHAIRMAN. Is that true?

Mr. TOWNER. The Senate committee has adopted the exact proposition that the gentleman from Illinois calls attention to. Of course, there is no possible objection to that. There never was any authority in the bill to allow such interference with the family and we are perfectly willing that the Senate amendment shall be adopted here.

Rev. Dr. RYAN. The last point that I wanted to take up, Mr. Chairman, is connected with the objection or point raised by Mr. Merritt. The authority of the Federal Government to do this, and the propriety of the Federal Government doing it. I am not an authority on this, and my information is not worth much. I do happen to have the conduct of a class in political science among my activities. I have read something along this line. There seem to be precedents for the use of taxation by the Federal Government for public purposes of this kind. We know how much discussion can be raised and difference of opinion concerning the public-welfare clause of the Constitution, concerning the phrase "public welfare" in that article of the Constitution which authorizes the Federal Government to levy taxes. My understanding is that the Supreme Court has never directly passed on this question except it would be in the sugar bounty cases and in one other case which I do not now recall. So that my opinion in this matter is not worth anything as to the constitutionality of the measure, and I imagine the Supreme Court will attend to that eventually.

But the principle, or policy, rather, of a subsidy by the Federal Government to the provincial or State jurisdictions seems to me to have a great many precedents, and I think that the general policy of the subsidy by a superior to a subordinate political jurisdiction on terms which will insure the enforcement and proper administration of the funds by the subordinate jurisdiction helped is entirely a sound one and a very fruitful one in legislative and administrative action.

It seems to me the important point is that the jurisdiction which is helped should have to contribute sufficient of its own money to make it worth while for the subordinate jurisdiction to see that the money as whole is properly expended.

If that principle is conserved in the measure—and it seems to me it is conserved in the Sheppard-Towner bill—I do not see any political danger or any political impropriety in the general practice of subsidies of that kind.

I think that is all I have to say.

Mr. SANDERS. May I ask a question, Father Ryan?

The CHAIRMAN. Mr. Sanders.

Mr. SANDERS. Isn't there a great deal of confusion that arises out of the failure to distinguish between an act which appropriates money for some beneficial purpose to the country generally and an act which might be a regulation in some way of some matter over which the States usually have jurisdiction? Hasn't our general course throughout the history of the country followed along the line of recognized constitutional authority to appropriate money for the general welfare of the country, and after the European War did we not go even outside of that realm and appropriate $100,000,000 to help stricken conditions in other countries? And a mere appropriation of money for a beneficial purpose to the citizens of the State and the citizens of the United States is quite a different proposition from legislation which undertakes in some way to regulate a matter within the State. And isn't this very clearly a proper exercise of the constitutional powers of the Congress?

Rev. Dr. RYAN. Oh, I think that it is. By analogy with the decisions of the courts where States have done this sort of thing, it seems to me that we may draw a strong inference in favor of the constitutionality of this kind of thing. The courts of States and the Supreme Court of the United States in passing upon the appropriation of money by States for various purposes, have always upheld such legislation when the purpose was plainly a public one, and not for a private corporation or a group of private individuals.

Now this legislation is obviously for a public purpose, and as you suggest, there are precedents in other fields where taxes raised by the General Government have been so appropriated.

Mr. HAWES. Doctor, so that I may understand the distinction that you draw between the principle of this national maternity bill and the national educational bill, what is the difference? Is there any difference in principle between the two?

Rev. Dr. RYAN. Using "principle," in the broadest sense, I do not see any difference. In both cases the fundamental principle is assistance of State authorities by the Federal Government, for, let us say, instruction.

Mr. HAWES. The difference then is instruction in the one case regarding the mind, and this bill is for instruction regarding the care of the body; that is the only difference?

Rev. Dr. RYAN. Yes, but the instruction regarding the mind, as contemplated in the Smith-Towner bill, involves—at least many people fear that it does—a vast extension of power over to the educational field generally, whereas the powers conferred on the Federal Government by this bill are strictly limited to one restricted and rather narrow field.

Mr. HAWES. Doctor, would you call the committee's attention to any other national law embodying this principle?

Rev. Dr. RYAN. Well, the Smith-Lever bill has been mentioned, and the bill for vocational education. I think I heard of another one. They involve what I have been referring to as the general principle, namely, Federal subsidy to State authorities for the carrying out of the work in which the States are primarily interested, and which I am frank to confess is primarily the business of the States and local jurisdictions.

But again, it is a question of whether the public welfare may not be better promoted by giving assistance and stimulus from the Federal Government when the States and local jurisdictions are not satisfactorily performing their native functions.

Mr. HAWES. Doctor, the exercise of this function by the various States is usually confined to the health corps or health departments of the States, is it not?

Rev. Dr. RYAN. Yes, sir.

Mr. HAWES. Now, this control is placed in the Department of Labor of the United States.

Rev. Dr. RYAN. Yes.

Mr. HAWES. Do you find any inconsistencies in that, Doctor?

Rev. Dr. RYAN. Why, I should say that it would be inconsistent if the administration of this act were in the hands of the Secretary of Labor directly, because when we think of the Secretary of Labor, the Labor Department, we think of industrial matters. We think particularly of matters pertaining to the welfare, I suppose, of the wage-earning classes. But the authority which is to have charge of this bill is a bureau in the department, the Children's Bureau. A bureau which has a considerable measure of autonomy, at any rate, whose field is rather definitely limited, and the activities of that bureau have been quite harmonious with, quite of the same general nature, as the activities which are to be carried on under the aid and encouragement of the provisions of this bill. Having to do with child life, child welfare, and the children generally.

I should say that the functions of the Children's Bureau have been in the main social rather than industrial, therefore I do not see the incongruity, Mr. Congressman, which you suggest, between the administration of the bill for this purpose and the Department of Labor as the administrator.

Mr. HAWES. I was much interested, Doctor, in the first witness that appeared who divided the causes of child laws into three classes: Economic, social, and medicinal, I believe. Are you familiar with that classification? Do you agree to it, to its importance?

Rev. Dr. RYAN. Yes; I think that it is important. I think that it covers substantially the ground of all of the causes. You say economic, social, and medicinal or hygienic?

Mr. HAWES. Yes.

Rev. Dr. RYAN. I should say that ought to be a complete classification of causes.

Mr. HAWES. Well, what proportion do you think, for instance, the economic would bear to the social and the medicinal? Would it be one-third or one-half, or what per cent?

Rev. Dr. RYAN. Well, most of my life I have been interested in economic problems, and my predisposition would be to emphasize the economic factor as the most important. But I do not know enough about the facts as disclosed by actual investigation to warrant me in attempting to apportion the causality among these three factors. I see reasons why I think the economic factors are more important than any of the others, but I am not certain.

Mr. HAWES. You would not attempt to classify the proportions?

Rev. Dr. RYAN. No; I would not attempt to classify the proportions.

Mr. SWEET. Mr. Chairman.

The CHAIRMAN. Mr. Sweet.

Mr. SWEET. Do you believe, Father, that the demand for Federal aid and advice should come from the States, through the people of the States?

Rev. Dr. RYAN. The States?

Mr. SWEET. Yes; that that demand should come from the States?

Rev. Dr. RYAN. I should think the existence of such demand would be the best test we could have of the necessity of such legislation.

Mr. SWEET. Now in what form should that demand come, do you believe?

Rev. Dr. RYAN. Well, I have not thought of that. I do not know how to answer it adequately. In general we know that the demand for legislation of one kind or another comes from various sources. A large part of the demand is sometimes fostered by private persons, private associations. It is only rarely that we can say that a demand comes for Federal legislation from the States in the sense of coming from the representative authorities of the people in the States, that is, the State legislators. I think that is rather rare. Now when the demands come from organizations or persons within the State, or within the several States, I suppose we have to apply the ordinary tests to them to determine whether these individuals and associations really represent the people. Whether they can be said to be speaking for the State. It is pretty difficult to determine that.

Mr. SWEET. I believe we can agree that the demand should come from the people of the States for legislation of this kind.

Rev. Dr. RYAN. Yes; I think so.

Mr. SWEET. Now I am asking these questions in view of the statements made by others who have appeared here before the committee. For instance, it is stated by those who have appeared from New York, that as far as New York City is concerned this legislation will not particularly benefit them in any way.

Now then, naturally we come to the conclusion or line of thought: What demand is there for this legislation coming from the several States, the Western States, the Southern States? What are the conditions in those States in regard to the question that is involved in this bill?

Now, can you give me any facts or statistics relative to the demands that are arising from the several States for this class of legislation?

Rev. Dr. RYAN. I am afraid that I can not, Mr. Congressman; and I may add here that I have been rather reluctant to appear on behalf of this bill because of my lack of adequate familiarity with the whole subject. All that I know is that the need exists which this bill is intended to meet, and that I believe that this is a proper way of meeting it.

On the question of the amount of demand that exists for it and the disposition of that demand throughout the country, I am afraid I can not contribute any knowledge.

Mr. SWEET. So that my attitude toward the bill many not be misunderstood, I have a very friendly attitude toward the bill, but, of course, in passing upon those questions it becomes important to know what is demanded from the several States, the nature of that demand, the conditions existing in the State upon the question involved in the bill. All those things become material in coming to a proper conclusion as to the necessity of this legislation. I think that is all.

Mr. COOPER. Mr. Chairman.

The CHAIRMAN. Mr. Cooper.

Mr. COOPER. Doctor, I am moved to ask your opinion on this matter by reason of a question that was asked you a few moments ago. That question was: Do you believe that the Department of Labor should have charge of this bill? Now, section 3 of this bill directs the chief of the Children's Bureau—it does not request—it directs that the chief of the Children's Bureau shall form an advisory committee, which is composed of the Secretary of Agriculture, the Surgeon General of the United States Public Health Service, and the United States Commissioner of Education, to assist in carrying on this work. Now, I want your opinion on this matter. Do you not believe that when this question of the carrying out of this act is placed into the hands

of that committee, the advisory committee with the chief of the Children's Bureau, that it is a question that is not entirely in the hands of the Department of Labor?

Rev. Dr. RYAN. Of course, everything depends on how much consideration the head of the Children's Bureau would give to her advisers. But as such advisory boards function generally, I should say that the opinions and the judgments of the three advisers would receive considerable weight. I think that is the result always of advisory boards that are formally established by law. I am merely giving my general impression as to how these things work. I have nothing more definite to offer.

Mr. MAPES. Mr. Chairman.

The CHAIRMAN. Mr. Mapes.

Mr. MAPES. Father, in that connection, do you think it is fundamental what department of government this is under?

Rev. Dr. RYAN. Oh, no; I don't think there is any fundamental principle involved, sir. It is a question of administration entirely.

Mr. MAPES. And its success or failure will depend upon the people who are put in charge of its administration?

Rev. Dr. RYAN. Apparently; yes.

Mr. MAPES. The attention of several witnesses has been called to the apparent inconsistency of putting it in a bureau which is now in the Department of Labor. There is abundance of precedence throughout the Government for inconsistencies of that kind.

Rev. Dr. RYAN. Well, they are all to be cleared up and abolished, I believe, before many months, or years, perhaps.

Mr. MAPES. That is the fond hope of some.

Mr. TOWNER. Father Ryan, some questions have been asked you based upon the assumption that this bill transfers the control of these matters from the States to the General Government. Do you know whether there is anything in this bill that transfers the control from the States to the General Government?

Rev. Dr. RYAN. No; I do not know anything in the bill that does that. In fact, I have read the bill rather carefully in order to find whether there was anything of that sort there. But, Judge Towner, I do not understand that any of the questions stated that, or even strongly implied it. One question was so worded that I was afraid that that was coming, but it did not.

Mr. TOWNER. Another question was based upon the assumption that this children's bureau by the terms of this bill was to exercise the authority within the States with regard to the matters that the bill refers to. Is there anything in the bill that does that?

Rev. Dr. RYAN. No; I should say that the direction over the activities which the money appropriated by the bill is intended to further is left entirely in the hands of the local authorities.

Mr. RAYBURN. Mr. Chairman, may I ask a question?

The CHAIRMAN. Mr. Rayburn.

Mr. RAYBURN. Is it a violent assumption to say that the Federal Government will at least ultimately take charge of this matter entirely, in the light of what they have done in other matters along this line? Take the road proposition. The other day they passed an amended road act here that says that before my State shall participate in any of the funds whatever it must amend the constitution of that State.

Mr. TOWNER. Do you say the law says that?

Mr. RAYBURN. The law says that.

Mr. TOWNER. No; I beg your pardon.

Mr. RAYBURN. The laws of my State——

Mr. TOWNER. I beg your pardon.

Mr. RAYBURN. It did not name the State of Texas.

Mr. TOWNER. The assumption is on the part of some gentlemen from Texas that in order to take advantage of natural law it would require changing the constitution of the State. I don't know whether that is true or not.

Mr. RAYBURN. Well, it is exactly true, because the provision in our constitution is that the State can make appropriations for improvements, and that is what it has got to do under that law.

Mr. TOWNER. That is an inference.

Mr. RAYBURN. Why, it is certainly the law that the State must make appropriation direct through legislation.

Mr. TOWNER. But, Mr. Rayburn, you stated that the law provided that you would have to change the constitution of your State.

Mr. RAYBURN. I say that is so, because there is a provision in the bill which, if carried out, would necessitate the change before the State can participate.

Rev. Dr. RYAN. Attempting to answer your question so far as I can, Mr. Congressman, it is possible that the Federal Government might some day take charge of that work if the Constitution should be changed in order to permit it. It seems to me that there would have to be an amendment to the Constitution in order to enable the Federal Government formally and directly to go into the business of promoting the welfare of the mothers and babies provided for in this bill, to take charge of it.

Mr. RAYBURN. The older lawyers never argued that the welfare clause of the Constitution was a grant of power, but recently lawyers have begun most seriously to argue that the welfare clause of the Constitution is a grant of power.

Rev. Dr. RYAN. They have not got very far as yet.

Mr. RAYBURN. Well, they have passed laws on that subject. I don't know what the Supreme Court will do.

Mr. HAWES. Doctor, under this bill each State is permitted to have $10,000 and then a certain proportion of a million dollars. Is it your understanding that this $10,000 of the money that goes to the State is to be spent by the State without any supervision or direction or limitation placed upon it by the Federal board?

Rev. Dr. RYAN. No; I do not understand that. There is at least general supervision by the Federal board.

Mr. TOWNER. Section 4 provides that, in order to secure the benefits of the appropriation authorized in section 2 of this act it must be accepted by the legislative authority of the State.

Mr. RAYBURN. Is that all—just an acceptance of the $10,000 in our appropriation? Is that the only thing that the State agency has to do?

Mr. TOWNER. Well, it must accept the provisions of this act.

Mr. RAYBURN. You do not understand me, Mr. Towner. Under Federal aid for roads, which is an entirely different principle from this bill, the principle is not in dispute in any way; the State first matches the Federal money. Now, your bill provides for that, of course?

Mr. TOWNER. Not for the $10,000.

Mr. RAYBURN. Not for the $10,000, but for any additional money?

Mr. TOWNER. Yes.

Mr. RAYBURN. Now, the Federal aid for roads places a limitation on the use of Federal money in the State providing that roads shall be built to a certain width, of a certain material. They shall be maintained, they shall be connected, and there are a great many restrictions placed upon the use of the Federal money. Now, what are the restrictions?

Mr. TOWNER. I am very glad you called attention to that, Mr. Rayburn. I will speak about that, however, later. The restrictions are entirely different with regard to this bill. The only restriction that there is with regard to this bill is that there shall be some authority in the State which the legislature of the State shall provide to administer this law. It may be, and possibly would be, in the majority of cases, the public-health service of that State; or if it has a child-welfare service, it would be placed within that service. Now, this child-welfare service or the public-health service, provided that is the authority to act under the provisions of this act, will make application for these funds, for their share, to the Children's Bureau here in Washington, stating how they expect to use these funds for the specific purposes specified in this bill.

Mr. GRAHAM. Judge Towner, I would like to hear you, but I am unable to.

The CHAIRMAN. Won't you please face the committee, Judge?

Mr. TOWNER. And then if the Public Health Service assures the bureau here that the funds are to be used for the particular purposes that are specified in the bill, the administrative features of the act are left entirely with the State. Then they are to receive the funds and they are to administer them. There is no control, no administrative control over the expenditure of the fund, and there are no limitations such as you suggest, such as are in the road bill, the simple requisite being that they are to be used for the purposes specified in this act.

Mr. HAWES. We will say that the State of Arkansas, Judge, has a health department and embodies this maternity and child-welfare principle in their law, but the method of operation, its plan, its scope, do not agree with the national idea; do you mean to say that the Federal Government would give to Arkansas its $10,000 and its proportion of the $1,000,000 without regard to any other question than the question of matching the money?

Mr. TOWNER. No; they would have to determine that this money was to be used for the particular purpose specified in this act. That is definite.

Mr. HAWES. But the manner of using it?

Mr. TOWNER. The manner of using it would not be interfered with, regulated, nor controlled in Washington.

Mr. HAWES. That would be controlled by the State?

Mr. TOWNER. That would be controlled by the State.

Mr. HAWES. Then what degree of regulation does the National Government have over, we will say, the State of Arkansas?

Mr. TOWNER. It hasn't any, except to see that the money that is to be appropriated from the General Government shall be used for the specific purpose herein stated.

The CHAIRMAN. Mr. HAWES, will you pardon an interruption? May I refer you to section 8 of the bill, in connection with the inquiry that we are now making, that you may see what the explanation is?

Mr. HAWES. Before I look at that section, Mr. Towner——

Mr. TOWNER (interposing). Gentlemen, would it not be well to defer this to some other time? These witnesses are anxious to go, and if we can dispose of them we can have, as I suggested yesterday, ample time to take the matter up and discuss it; and if there is anything in this bill—as some gentlemen seem to infer that this bill is adamant, that it can not be changed, you are here to change it. If there is anything that leads to control of authority or anything of that kind in this bill that you do not approve of, change it. You will not find any objection on my part or on the part of the supporters of this bill to that. They only want to aid and encourage and stimulate activity in these directions.

Mr. HAWES. Mr. Chairman, I submit that in my opinion there is not a man on this committee—I assume there is not—that is not interested in the objects sought by this bill; furthermore, there is no objection, but I think from my conversations they are favorable, to its administration by women, but the questions I am asking now are the real questions we want to have answered about this measure.

Mr. TOWNER. I am not criticising you for asking; my suggestion is that these questions that are not under consideration by these particular witnesses had better be deferred so that we can get through with these witnesses.

Mr. HAWES. Now, Mr. Towner, you are familiar—I was talking to the witness and you sought to testify yourself.

Mr. TOWNER. No; I was asking the witness questions, Mr. Hawes.

Mr. HAWES. I would like to ask you one question before we get off of this subject. The Federal aid law was passed in 1916, the measure of national control.

Mr. TOWNER. Which one?

Mr. HAWES. The Bankhead bill.

Mr. TOWNER. You mean the vocational bill?

Mr. HAWES. No; the road law. And already, in 1920, Mr. Townsend in the Senate has a bill with a large propaganda back of it, which virtually gives the United States control, if his bill passes, over 70 per cent of the road mileage. In other words, the bill started in like a lamb in 1916 and now there is a movement for national control, absolutely. You are familiar with that, aren't you?

Mr. TOWNER. Yes. Are you in favor of the Townsend bill?

Mr. HAWES. No, sir; I am not.

Mr. TOWNER. Neither am I. Because somebody introduces a bill that has no merit is certainly not an argument against a proposition that has some merit.

Mr. HAWES. The object of my questions, Mr. Towner, is not to injure this bill, but to secure a meeting of minds, if possible, and to make it quite clear that there shall be no national control of local State agencies, and the only way that I can arrive at a conclusion, is to question you ladies and gentlemen as to what the intent is.

Mr. TOWNER. Do you think that in this bill, supported by these women all over the United States, that they have either any purpose or desire or wish to place in a central bureau here at Washington the control of this matter? Is it not plain to you that all that they do desire is to aid and stimulate the States to activity upon these lines?

Mr. HAWES. It is not quite clear, no; Mr. Towner.

Mr. TOWNER. I am quite sure, Mr. Hawes, that it will be before you get through with your examination of these witnesses.

Mr. HAWES. I trust and hope so; but it can only be made clear by the testimony of witnesses.

Mr. TOWNER. Certainly. I understand that.

Mr. BARKLEY. Dr. Ryan, I did not hear all of your testimony. Did you state to the committee whether you thought the Children's Bureau is the proper governmental agency to operate this law?

Rev. Dr. RYAN. I think that the Children's Bureau is the proper agency of administration at present.

Mr. BARKLEY. Of course that is all subject to—not necessarily so, but might be subject to—any reorganization of the departments.

Rev. Dr. RYAN. Precisely.

Mr. BARKLEY. But even under a reorganization, either the present Children's Bureau or some other children's bureau created by the reorganization would be the proper agency, you think, to administer this act?

Rev. Dr. RYAN. I think so. The only competing agency that I think is worthy of consideration would be the Public Health Service, and I don't know enough about that to say.

Mr. BARKLEY. If the Public Health Service were given the administration of this act, the Public Health Service being largely a medical organization, would it not give color to the claim of some of those who oppose this bill, that it would be a step towards compulsory medical attention given by the Government?

Rev. Dr. RYAN. I have no doubt that it would.

Mr. BARKLEY. Would that not also give color to the objections that some people are raising that it would give governmental sanction and authority to a certain particular school of medicine?

Rev. Dr. RYAN. Precisely.

Mr. BARKLEY. That is all I have to ask.

Mr. TOWNER. Mr. Chairman I will ask Mr. Edward McGrady, who is the national legislative representative of the American Federation of Labor, to take the stand.

STATEMENT OF MR. EDWARD S. McGRADY, NATIONAL LEGISLATIVE REPRESENTATIVE AMERICAN FEDERATION OF LABOR, WASHINGTON, D. C.

Mr. McGRADY. Mr. Chairman, I desire to submit for the record these resolutions that were adopted at our last convention in Denver, held in June.

Mr. RAYBURN. Mr. Chairman, I would like to know from this witness before he goes on just whom he represents. Do you represent the American Federation of Labor?

Mr. McGRADY. Yes, sir.

Mr. RAYBURN. What is your business? What was your business before you were that representative? Were you a doctor?

Mr. McGRADY. What was my business?

Mr. RAYBURN. Yes.

Mr. McGRADY. No; I was a plain wage earner, a common ordinary tradesman.

Mr. RAYBURN. I just wanted to find out what your business was.

Mr. McGRADY. Printer; and am qualified to speak as father and grandfather.

Mr. TOWNER. Your home is in Boston?

Mr. McGRADY. My home is in Boston.

Mr. BARKLEY. You do not mean that you are a grandfather now?

Mr. McGRADY. Positively. [Laughter.]

Mr. Chairman, I would like to present for the record these resolutions adopted by the American Federation of Labor at its last convention in Denver from June 13 to June 25. These resolutions were adopted by the convention unanimously.

The CHAIRMAN. Without objection, they will be inserted at this point.

(The resolutions re erred to follow:)

"RESOLUTION NO. 102.

"[By Delegate James J. Forrester, Brotherhood of Railway and Steamship Clerks, Freight Handlers, Express and Station Employees.]

"Whereas a bill commonly known as the Sheppard-Towner maternity bill has been introduced in both Houses and is now before the Congress of the United States for consideration and action; and

"Whereas this bill, if enacted into law, will promote scientific care (medical and nursing) to mother and child prior to, during, and following childbirth t the expense of the Federal and State Governments; and

"Whereas such scientific care will materially reduce the death rate of mothers during the maternity period and of child en 'stillborn' and of those who die within a short period after birth, the number of which is now enormous and appalling:

"*Resolved*, By the delegates to this the Forty-first Annual Convention of the American Federation of Labor, assembled at Denver, Colo., that we most earnestly indorse the said Sheppard-Towner maternity bill and urge upon Congress its enactment into law; and, further, be it

"*Resolved*, That the executive council of the American Federation of Labor be, and is hereby, instructed to make every effort and use all available means to carry out the purposes of this resolution, to the end that this meritorious and humanitarian proposed law be passed by the Congress, signed by the President, and made operative within the several States.

"The committee concurs in the resolution and recommends its adoption."

Mr. McGRADY. I want to say, Mr. Chairman, that the impression seems to have gotten around in some quarters that the maternity and infancy bill was largely a woman's bill. That is not so. It is a man's bill just as much as a woman's bill. I do not suppose that there is any class in the world where the man—or rather the husband and wife—are closer together and have more in common than is the wage earner and his wife. They have to go through all kinds of trials and tribulations together, not very far removed from the poorhouse many times. She goes hungry when he does not work, and if anything happens to her it means disaster to him, and many times she has to go out and work with him in order to feed the children. And we know in the American Federation of Labor that the man who is the most poorly paid, generally the little white hearse draws up to his door more often than to the door of the man who is better paid. And we know that in a great many cases —we know because we generally pay death benefits and we generally have sick benefits, and those who are extremely poor we assist financially—and we know that too often amongst the poorly paid workers the women are prone to die during childbirth, and we know that in a great many cases their children are liable to die before the first year. We have tried to assist them in our feeble way, as best we could, and we have hoped and prayed and worked for a long time for the passage of this kind of a bill that might help the American worker to keep his wife with him, and might help enable his children to live after his wife bears them.

I do not know that there is anything else that I can go into that has not already been covered by previous speakers, but we in the American Federation of Labor, with over 4,500,000 workingmen, trust that this committee will report out this bill, and we trust the Congress will pass it. It is a badly needed mesaure.

The CHAIRMAN. Are there any questions to ask of Mr. McGrady?

Mr. DENISON. As I understand from your testoimny, the question is largely an economic one. You have been emphasizing the fact that this work is needed among the lower paid wage earners.

Mr. McGRADY. Yes.

Mr. DENISON. So that from your point of view it is largely an economic question?

Mr. McGRADY. I believe that the economic side is a very important one in this matter. Of course I also will say that among the poorer people they need education along these lines. They have not had it; they do not understand it; they have never had the opportunity. If their men were higher paid, the higher wages would allow them to get better medical attention, to get better education along those lines.

Mr. DENISON. Have you considered at all or studied at all the system in some of the European countries for maternity benefits?

Mr. McGRADY. No; I have not done that. I will say this, and I would like to point this fact out to the gentleman: Something was said the other day about the large percentage of deaths during childbirth among the foreigners. I want to tell you gentlement that the death rate is deplorable among the old American stock in rural districts in this country. I have in mind the Americans for generations in the mining districts up through West Virginia—yes, and in Tennessee and out through the Middle West. I recall one case distinctly, because I slept in the cabin that night, where they tried to get a doctor and it took the doctor 14 hours to come over the mountains on horseback. Before he arrived both the mother and her baby were dead.

Mr. GRAHAM. This bill will not help any in such cases as that.

Mr. McGRADY. This bill would allow the mother to be properly educated before she reached that crisis.

Mr. GRAHAM. It will do that, but when the critical time comes and the child is to be born, this does not help.

Mr. McGRADY. Undoubtedly that is true but it is also true as this physician said, that had the woman received proper nourishment and had the woman received proper care, she would not have died.

Mr. DENISON. How would this bill give her proper nourishment and proper care?

Mr. McGRADY. This bill would enable her to receive the proper instructions.

Mr. DENISON. That would not give her nourishment and care.

Mr. McGRADY. Undoubtedly, as far as nourishment is concerned, if she received the proper education at the proper time, from these nurses who would go out and visit these women during that trying period, doubtless that nurse would see that the woman received proper nurishment through some means.

Mr. DENISON. You mean then that this bill would send a nurse 14 miles over the mountains where a doctor could not go?

Mr. McGRADY. No; I believe that this bill would have sent the proper women, field workers or nurses, into those districts before this crisis arrived, to let that woman know what means she should adopt to protect herself; how she should care for herself; and if the woman made it known at that particular time to this nurse that owing to

her extreme poverty she could not follow out the instructions given her, undoubtedly means would be obtained to see that she was properly cared for.

Mr. DENISON. I was going to ask you, Mr. McGrady, is it your understanding now that this legislation will send nurses into the remote and secluded and mountainous districts of the country to instruct mothers what to do?

Mr. MCGRADY. It is my interpretation of this bill that this department will send proper people who understand this particular question into the remote districts of the country to instruct the people how they might care for themselves during this period.

Mr. DENISON. Is it your understanding then that the Children's Bureau here in Washington is going to send nurses out into Arizona and Colorado?

Mr. MCGRADY. Not at all.

Mr. DENISON. And other places, remote districts.

Mr. MCGRADY. Not at all, sir. It is my understanding that the States will do that work.

Mr. DENISON. That the States will do it?

Mr. MCGRADY. That the States will do that work, providing this bill passes.

Mr. DENISON. You said in your testimony before "this department." I thought you meant the department here in Washington.

Mr. MCGRADY. I meant that this work will be carried on by the States if this bill passes. We have no idea that the Federal Government is going to interfere with the States in that work.

Mr. COOPER. Mr. McGrady, isn't it possible that under this bill, through the assistance of the Federal Government, by making an appropriation the States would be able to put a field worker, a nurse, into these remote counties where it is hard to get a physician to-day?

Mr. MCGRADY. That is just the point, Mr. Congressman, that I am trying to bring out.

Mr. COOPER. And in a maternity case, if there was a field nurse in that county, the field nurse would know about this particular case; and it seems to me that she would be the one that would give the help at the proper time in case a doctor could not be gotten just when he was needed.

Mr. MCGRADY. That is just the point that I am trying to bring out, Mr. Congressman.

Mr. DENISON. In that connection, don't you think that in order to do this work better than the doctors can now do it, there would have to be more nurses than there would be doctors? Certainly nurses can not get around and over the country faster than the physician and visit more people than the doctors that are there already. Is that your view of it? That is the way I understand you.

Mr. MCGRADY. I don't particularly care whether it is a doctor or a nurse that goes over to do this work, as long as the work is done and the lives of these 200,000 children can be saved yearly. That is our viewpoint. We are crying for help and assistance for these people who can not help themselves.

Mr. DENISON. I am sure we all agree with that, but I was just trying to get at your idea of the method of doing it.

Mr. HAWES. The economic side of this question, of course, is a big portion of it.

Mr. MCGRADY. I think so.

Mr. HAWES. Next to that will be the assistance of the nurses.

Mr. MCGRADY. Yes, sir.

Mr. HAWES. I was attracted to you illustration of the disaster in the mountains and the assistance that a nurse could give in such a case. Now, you take the State of Missouri, we have 114 counties in that State. Some of those counties are 10, 15, or 20 miles square.

Our State is not unlike other States. If we had two nurses in each one of those counties, that would make 228 nurses, providing just two to a county and not including the cities. If we paid those nurses $5 a day it would cost $1,100 or $1,200 a day. If we multiplied that and kept those two nurses in each county busy every day just for two nurses, the cost would approximate something like $400,000. Now that is all right. I am not objecting to that, but under this bill the State of Missouri would receive only $10,000 and only its proportion of the $1,000,000, say $30,000, for the simple work of having just two nurses to a county, which would not be of any importance at all, relatively. So when we get down to the basis of this thing this bill is educational more than anything else. Isn't that your opinion, or is it not?

Mr. MCGRADY. It is partly educational.

Mr. HAWES. As a matter of fact it is educating the people of the country what to do, but it is not giving them practical assistance excepting in the big cities, supplemented by voluntary contributions. I want to get your theory because you ought to know.

Mr. McGRADY. It is an educational bill and it teaches hygiene. I feel that this bill, if it passes as it is now, while the conditions may be such as you say, while it may be possible that it is going to mean a large expenditure of money to do the work properly, and that you are not going to get sufficient money right away to do that work properly; nevertheless, you are going to get enough extra money to save a great many lives that otherwise would be lost, even though the work might be inadequate at this time it starts a foundation that is going to save lives, and that is worth striving for.

Mr. HAWES. There was a very intelligent lady connected with the health department of Pennsylvania who spoke yesterday advocating this bill. She stated that the cost to the State of Pennsylvania for the board of health was something like five or six million dollars. Under this bill the State of Pennsylvania, as I understand it, would receive approximately $40,000 from the National Government, and according to Mr. Towner the National Government would have no control over the State at all in any way. It is just a nice little contribution of $40,000 to encourage that work. Does that sound like a practical proposition to you?

Mr. McGRADY. It sounds practical to this extent: The State of Pennsylvania is going to get $40,000 more than it had before, and that $40,000 more than it had before means that more babies and mothers are going to be saved. To that extent, in my opinion, it is practical.

Mr. HAWES. It goes a little further than that, because it makes the State of Pennsylvania put up its $40,000, which means $80,000.

Mr. McGRADY. I am sure it is needed, and more than $80,000 is needed properly in that big State.

Mr. HAWES. I am asking this question of the witness, as the witness understands, because I want to find out whether this bill is to provide nurses, and doctors, and food, or whether it is purely educational. The only way to find out is by asking a practical man like yourself.

Mr. McGRADY. Thank you very much, but I want to assure you that I would much prefer to have Judge Towner answer that, as he has promised he would do later on.

Mr. BARKLEY. You have emphasized the economic side of this situation. Most people think of economics in terms of money. I don't agree with that interpretation of this bill. Is it not true that the social side is as important as the economic side? In other words, hasn't every child that is born in the world the right to an even chance to live, and every mother that bears that child the right to an even chance to live, and isn't that as much social as it is economic?

Mr. McGRADY. I do not believe that every child has got an equal chance to live that comes into the world.

Mr. BARKLEY. Ought it not to have?

Mr. McGRADY. It ought to have, yes, Congressman, and the economic side comes into it there. When a man is getting $500 or $600 a year and he has got two or three children, his children are always half fed and his wife not even that much. She can't stand the strain.

Mr. BARKLEY. Of course it is difficult to separate economics and sociology so that each occupies a separate field. They lap and dovetail into each other everywhere. It strikes me that while the economic side is important that it is not the paramount question here at all.

Mr. McGRADY. Well, I am going to be perfectly frank with you, Congressman. We believe that if the workingmen of the country received an adequate wage scale that most of our physical ills would be well taken care of.

Mr. BARKLEY. Well, is it not true that there is vast ignorance among people who are pretty well to do and draw pretty good pay on the subject of maternity and child hygiene?

Mr. McGRADY. Well, that ignorance, if it exists, should not; because they have got the means of enlightenment, whereas our people have not.

Mr. BARKLEY. They may not have. They may live in a section of the country where their means of obtaining information may be very limited.

Mr. McGRADY. If they have got the price, they can get the information.

Mr. BARKLEY. Of course if they had the price they could all hire a special nurse by the year. They might get it by a correspondence course. But nobody would recommend that. I think these facilities ought to be available for all who need them.

Mr. McGRADY. That would be a poor way to learn anything about a matter dealing with life or death.

Mr. LEA. I believe you are the legislative representative of the Federation of Labor?

Mr. McGRADY. One of them.

Mr. LEA. Are you familiar with what is being done or what has been done to secure independent action by the various States in these matters?

Mr. McGRADY. We have had our attention called to it, and up to the present time we don't see where the States are endangered in any way at all by this particular bill.

Mr. LEA. No; that was not the object of my question. I wanted to understand how the State legislatures are receiving these suggestions, and what have the States done to meet the situation?

Mr. McGRADY. I am not familiar with that, because I haven't got the State reports on legislation of this kind.

Mr. LEA. You are not the representative so far as State legislatures are concerned?

Mr. McGRADY. No.

Mr. GRAHAM. Has your federation taken action on the so-called Smith-Towner bill?

Mr. McGRADY. Yes, sir.

Mr. GRAHAM. Have you indorsed that bill?

Mr. McGRADY. Yes, sir.

Mr. GRAHAM. Have you taken action on the so-called Fess-Capper physical education bill?

Mr. McGRADY. That I do not know.

Mr. GRAHAM. You don't know whether your people are for that or not, but you are for the Smith-Towner bill?

Mr. McGRADY. Yes, sir.

Mr. GRAHAM. Because you think that the Government ought also to appropriate money along educational lines?

Mr. McGRADY. Yes, sir.

Mr. GRAHAM. That is all.

The CHAIRMAN. Are there any other questions? Thank you very much, Mr. McGrady.

Now, gentlemen of the committee, we are within three minutes of the time when the opportunity accorded by the committee for the proponents of this bill to present their case will have expired. We have to consider the question as to their desires, I presume, for further time. While that is one of the matters to be considered, we also have to consider whether or not we will sit to-morrow, and if so, at what hour; if not, when will we sit again? Now what is the pleasure of the committee in respect to the several propositions?

Mr. SWEET. I would like to ask Judge Towner a question, and that is how long will it take you, with the witnesses that you have here, to fully present your side of the case?

Mr. TOWNER. Well, we are trying to act upon the suggestions of the committee with regard to that matter. We are willing to submit it now. We have two or three other witnesses that would occupy only a short time—we would have finished our case if it had not been—if the time had not been taken up by our constitutional propositions.

Mr. GRAHAM. Now, Judge, do you not think that it is entirely proper for a member of this committee to suggest to witnesses their ideas about these things also as we go along?

Mr. TOWNER. I have no objections, whatever. I am just explaining the manner in which the time has been used. We will close our case now, or we will occupy the time for perhaps half an hour or more some other time; just as the committee desires.

Mr. HUDDLESTON. Mr. Chairman, may I suggest that the proponents have the balance of the morning at this session; then we will take up to-morrow the hearing of the opposition. How will that suit you, Mr. Towner?

Mr. TOWNER. I think we could finish in less than that time, Mr. Chairman, unless the examination is continued.

The CHAIRMAN. Well, the chairman will not be responsible for the inquiries of the committee.

Mr. RAYBURN. About those inquiries on the part of the committee, the committee wants information. It is not interested in whether or not the witnesses make speeches, and by asking questions is the way that we can remove the clouds from our minds by interrogating people who are supposed to understand this question. A great many times a set speech is beautiful, but sometimes it doesn't penetrate the veil of ignorance of the member of the committee, and he has to ask a question in order to understand what the speech means, and that is the reason why this committee is inquisitive. I think the proponents of the bill, Judge Towner, should have the remainder of this morning or as much time as they desire.

Mr. COOPER. Mr. Chairman, I make a motion, in order to bring this to a head, that the proponents of the bill be given the balance of this morning. To-morrow morning we meet at 9.30 and listen to the opponents.

The CHAIRMAN. Mr. Huddleston made a motion. Will you state that?

Mr. HUDDLESTON. I will withdraw mine in favor of Mr. Cooper's motion.

The CHAIRMAN. The motion is made that we hear the proponents of the bill until 11 o'clock this morning, and that beginning at 9.30 to-morrow morning those who wish to speak in opposition to the bill will begin to be heard.

(The motion was put and carried.)

The CHAIRMAN. The motion is carried. You may proceed, Judge Towner.

Mr. TOWNER. Mr. Chairman, I will call Dr. John H. Foote to the stand. Dr. Foote is a professor in Georgetown University, editor of Mother and Child, and is on the staff of the Children's Hospital in Washington.

STATEMENT OF DR. JOHN A. FOOTE, WASHINGTON, D. C.

Dr. FOOTE. Mr. Chairman and gentlemen of the committee, you have heard arguments for this bill from experts in public-health matters, from physicians, such as Dr. Van Ingen, especially interested in vital statistics as well as in the practice of medicine, and from experts in sociology and economics, etc. I am coming before you simply as a physician. I am not qualifying or trying to qualify as an expert in anything; I am simply trying to give you—I am going to try to give you—what I think of this bill as a physician who is practicing medicine and is particularly interested in the diseases and the health of children; and I am making this announcement so that you may not misunderstand my position in testifying here to-day.

I am interested in statistics to the extent that statistics apply to the day's work and to my interest in child welfare generally, and I believe that the interpretation and understanding of statistics is a gift or a talent, perhaps a particular talent, such as a gift for music or a talent for politics, or whatever it may be. So I have just the ordinary understanding of these matters that would come to a person who reads things from day to day and confers with individuals who have an extraordinary knowledge of them.

Vital statistics to the man in the street or the woman in the home are not really vital until some member of the family becomes a part of the statistics; then they do become really vital, and it has occurred to me as I sat here and noticed the interest that you gentlemen have in the statistics that are brought forth in the testimony, that the same thought had perhaps come home to you—the thought that in the United States every year from 18,000 to perhaps 23,000 mothers have died, and that in these homes have come a tragedy, and that this tragedy might have been prevented by some measures that could have been taken but which were not taken. That thought, of course, does humanize and vitalize these statistics; it brings them home to all of us because it shows us their personal application. As I said, statistics are only relative things—"relativity" is a word that we are using a lot now—but it is true that vital statistics have only relativity until they become specific to the individual.

You have heard numerous witnesses here proving the need of this legislation from various angles. The testimony of health experts, of statisticians, and the testimony of physicians has been quoted—men like Dr. Van Ingen and men like Dr. Wall, who, I think, appeared before the Senate committee. In an investigation of this kind you may get ideas from various groups of people; but the large majority of people most interested have no official representative here. The people really most interested are those who, perhaps, do not even know that this kind of legislation is pending, who have no organized representation here, excepting as the members of this committee are in fact the representatives of those people and of all the people of the United States.

I do not think that in the history of laws of this sort, or legislation of this sort, the people who are most benefited have ever organized and asked for the needed legislation. Hammurabi, the great king of Babylon, who lived over 6,000 years ago, I think enacted the first law to benefit maternity. The code of Hammurabi contained a law protecting the pregnant woman, specifying that the pregnant woman who was injured should have redress—that the person who injured a pregnant woman willfully should be punished. He was a really great king. He did not have to make any laws to benefit anybody, but he did so because he thought that to confer rights and benefits on his helpless people was a just thing to do.

There are two classes of physicians, I think, who are especially interested in the kind of legislation that is embodied in this bill. They are the physicians in the large cities who wander through the hospitals doing their day's work, who see the wreckage, you might say, that comes from the storm of life; and they are the physicians, many of the physicians, in the rural districts, who have been trained in scientific medicine and who find themselves in the rural districts more or less helpless because of lack of assistance.

I would like to read something which will perhaps give an idea of the point of view of some of the country doctors. The country doctor, as I said before, leaves the

scientifically arranged hospital, leaves the city, and goes to the country and leaves behind him, in the suburbs and the districts near to the city, the outposts of scientific health education and the outposts of sanitation. I hope that that will not be so always, but I think that no one can very well dispute that such is the fact to-day; and I would like, if I may, to read to you some extracts that are not long, from an article entitled "Expectant mothers in rural regions," written by Lottie G. Bigler, M. D., general practitioner in the town of Armour, S. Dak. This article was published in the magazine Mother and Child, volume 2, No. 2, in February, 1921. Dr. Bigler said in part:

"According to statistics taken from the rural communities of six different States, 80 per cent of the pregnant women have received no advice or instruction during pregnancy. This percentage is even higher in some localities. At least half of the women do not engage a doctor before the last month. Many of those who do so communicate with the doctor either over the telephone or by letter. I do not think that the laity are entirely to blame, for many women have told me that when they had asked their doctors if a urinalysis ought not to be made, the doctor said it wasn't necessary. We general practitioners need to be stirred up, for I believe we are all lax in this matter. If we would seize every opportunity, a great deal might be done toward educating our patients.

"CARE GIVEN PEDIGREED STOCK.

"Isolated families, some of which are 70 miles from a doctor, are the ones who present the greatest problems. Many of them depend on ignorant midwives for their care and instruction. Many women die before a doctor can get to them. Many of these farmers are foreigners. They need help badly and are the hardest to reach, for they look with suspicion on any innovations. The mothers often work in the fields up to the last minute, performing most arduous tasks. It seems to me that the expectant mother in the barnyard gets far more attention and better care then the one in the house. If the barnyard mother gets sick, the whole household is upset, especially if she be a pedigreed animal. The farmer sends for the best veterinarian, possibly miles away. The State provides free courses of instruction as to how to keep the animals healthy and how to produce the strongest offspring.

"SOLVING THE RURAL PROBLEM.

"No doubt these problems of expectant mothers in rural communities have to be approached in different ways in different communities. The crying need is for nurses trained for rural work. The average nurse, born and raised in the city, is unable to adapt herself to rural conditions. One nurse for a county is insufficient. There should be enough nurses so that all homes could be visited and individual instruction given. Health centers and free clinics should be organized with the schoolhouse as a meeting place. Sterile supplies should be provided at cost. The school teacher could give some instruction if she were capable. We must have better public health inspection in the rural homes. Here, often by chance, we discover contagious diseases raging with no effort made at isolation of the sick, and in most cases it is not even reported. By special legislation we might accomplish much. The Sheppard-Towner bill may help solve these problems effectively. At least, it would do much to protect the prospective mother and her infant. We must face these problems squarely and do all in our power to give the expectant mother and the unborn infant the best possible chance."

Mr. HAWES. Doctor, do you think that that statement that 80 per cent of the women had not consulted a physician is correct?

Dr. FOOTE. I have the impression that it is. As I said, I could not qualify specifically as a statistician, but I believe that those figures are based on a survey made by the Children's Bureau in rural districts.

Mr. HAWES. Do you mean that they consulted nobody or had not consulted doctors?

Dr. FOOTE. I take it that they had no medical advice.

Mr. HAWES. No medical advice? Well, then, is it your opinion that they all required medical advice?

Dr. FOOTE. May I look at——

Mr. HAWES (interposing). May I ask you to answer the question?

Dr. FOOTE. I beg pardon—is it my opinion that they all required medical advice? Certainly.

Mr. HAWES. You think they do?

Dr. FOOTE. Yes, sir.

Mr. HAWES. Then in the matter of childbirth, when we divide this into three classes, economic, social, and medical, what proportion do you place in priority?

Dr. FOOTE. I don't think that I am qualified to answer that question, because I have not the statistical knowledge.

Mr. HAWES. You are discussing this whole subject and you are a doctor.

Dr. FOOTE. Yes.

Mr. HAWES. You have an opinion on it?

Dr. FOOTE. Well, I do not think I could give an opinion as to the relative percentages. I believe that the division that you spoke of is correct—all three elements enter into this subject—but as to relative percentages, I do not think I am prepared, indeed, I do not think I am competent to tell you.

Mr. HAWES. You do not think you are competent to express an opinion as to the relative value?

Dr. FOOTE. I think they are all valuable.

Mr. HAWES. But you do believe that in all cases of confinement a physician should be consulted?

Dr. FOOTE. I think that in all cases of confinement a physician, when possible, should be consulted.

Mr. HAWES. But you are not prepared to give us the benefit of your advice as to these different proportions?

Dr. FOOTE. As to the different proportions?

Mr. HAWES. We have heard this discussed, doctor, and it is important for this committee to come to some decision. We want to know whether this is an educational bill, advising mothers. That is one portion. Whether it is because they are not sufficiently provided with proper food and shelter and raiment, or whether it is the lack of medical attention. Now, what is your impression of the relative value of those three things? Would it be 33⅓ per cent each, or would it be of different proportions?

Dr. FOOTE. Mr. Hawes, I can not give any definite impression about that, because conditions vary in every community in the United States.

Mr. HAWES. The conditions vary?

Dr. FOOTE. I mean the social conditions.

Mr. HAWES. Where do you live, doctor?

Dr. FOOTE. I live here in Washington.

Mr. HAWES. What is your impression about it here?

Dr. FOOTE. My general impression is that lack of medical and nursing care would probably be the greatest factor in Washington.

Mr. HAWES. Would that be 50 per cent?

Dr. FOOTE. I don't think I am competent to answer that question, because I have not made a study of statistics.

Mr. HAWES. You do not feel qualified to answer that?

Dr. FOOTE. I do not feel qualified to answer that question.

Mr. HAWES. But you have a very firm conviction on the whole subject of this bill?

Dr. FOOTE. I have a firm conviction as to the necessity of education and of nursing care when possible, and of medical attention when possible, and I believe that this bill will help along those lines, according to the different programs of the different States to meet the peculiar conditions of these States and counties and communities.

Mr. HAWES. I am trying to find out, doctor, whether we need more doctors, more food or more education. Now I want an opinion. If you say you can not answer it, it is all right, but which do you think will require the most in these cases?

Dr. FOOTE. I think that we require both doctors and nurses and education in the rural districts.

Mr. HAWES. We will admit that, but which has the priority, in your mind? Which need is the greatest? Have you an opinion on that?

Dr. FOOTE. I would say that in my opinion—I do not think my opinion is worth very much—but if you would like to have it, I would say that in the rural districts generally the need perhaps of health education was the more important.

Mr. HAWES. More important then the actual administration of a doctor?

Dr. FOOTE. No. I would like also to say that there is a very great shortage of physicians in the rural districts to-day, and that this need of physicians in the rural districts is also a very acute condition in some sections of this country.

Mr. HAWES. You practice in Washington yourself?

Dr. FOOTE. I practice in Washington.

Mr. COOPER. May I ask the doctor a question, Mr. Chairman?

The CHAIRMAN. Have you finished, Mr. Hawes?

Mr. HAWES. Yes, sir.

Mr. COOPER. Doctor, can you consider the medical, the educational features of this proposition without taking in the social and the economic conditions?

Dr. FOOTE. I think it would be very difficult. I think they are closely bound together. I might illustrate that by saying that a rural physician who is attending an expectant mother might want to give her advice, but because of the acute needs of

some other person in the community might not be able to get over a certain distance to give this mother such medical advice. He might not, for instance, be able to get a sample of urine to be examined when he thought it might be necessary. In other words, because of a rush of work, practically obliging him to attend to acute cases, he might be obliged to neglect educational features that are important.

Mr. COOPER. In other words, doctor, supposing the physician would advise the mother that she should receive some instruction from a nurse, and the mother by reason of social or economic conditions did not have the money to secure that nurse, the advice of the physician would not be worth anything, would it, if the mother could not follow out the instructions of the physician?

Dr. FOOTE. Well, I think the advice or the instruction of the physician would, of course, have great value ——

Mr. COOPER. If it could be carried out.

Dr. FOOTE. If it could be carried out, and it would have some value—at least some part of it could be carried out without the cooperation of the nurse. It would have a certain value in any case, but it would have more value and much greater value if that woman could have the ministrations of a nurse to check up her condition.

Mr. COOPER. I will put it that way, then, that it would have much greater value.

Dr. FOOTE. Yes; it would.

Mr. RAYBURN. Doctor, you do not have any statistics, or do not know the statictics, but I would like to have your opinion as to what is the mortality, the percentage of mortality among mothers of infants, as to whether it is greater in the rural districts than it is in the cities?

Dr. FOOTE. That I do not think I am competent to answer; but it is my impression that it is higher in the rural districts.

Mr. RAYBURN. How did you get that impression?

Dr. FOOTE. By looking over general tables of vital statistics, and by reading articles written by individuals who have made some studies in that regard. I think Dr. Lumsden of the Public Health Service made some valuable studies of rural health conditions. I have read articles in various magazines; though, of course, in making a statement regarding statistics one should have the article at hand in order to be able to state definitely.

Mr. RAYBURN. I am not talking about the number; I am talking about the percentage.

Dr. FOOTE. The percentage—do you mean infant mortality or maternal mortality?

Mr. RAYBURN. I mean both, the mortality at childbirth in the rural districts and in the cities or towns, the percentage, not the number.

Dr. FOOTE. Mr. Rayburn, I am not prepared to answer that question.

Mr. RAYBURN. I would like to ask if Judge Towner, or some witness he has before the hearings close, will try to get those statistics.

Mr. TOWNER. We will try to get them.

Mr. HUDDLESTON. Dr. Foote, I believe the committee would be interested to know what is being done here in the District of Columbia in the way of maternal care and infant health work.

Dr. FOOTE. There is a Child Welfare Association in the District of Columbia that is supported partly—and was supported entirely—by private contributions until, I think, two years ago, and I think since that time it has had an appropriation from Congress to the extent of $18,000. The association maintains 10 infant-welfare stations where instruction is given in child welfare, the proper care of the infant, and in prenatal care, which means proper instruction of the mother.

Mr. TOWNER. Mr. Chairman, it is now just a very few minutes of 11 o'clock. May I ask permission that Dr. Foote may finish his statement in the record, for publication?

The CHAIRMAN. Has the committee any objection to the request of Judge Towner? Is it your desire to withdraw the witness?

Dr. FOOTE. I simply want to say in conclusion that I have appeared before this committee because as a physician I believe that the Sheppard-Towner bill is the best possible measure to do the particular work that it is suggested it should do, that I am familiar with.

The CHAIRMAN. You will have the privilege to extend your remarks to a reasonable extent and hand them in to the clerk of the committee and they will be published in the record.

Dr. FOOTE. I have nothing further to say, Mr. Chairman.

The CHAIRMAN. We are very much obliged to you, Doctor.

Mr. TOWNER. Mr. Chairman, at this time I would like to offer for the record a statement on behalf of the women's committee, composed of a number of associations, which is short in its nature and explains the attitude of these organizations.

The CHAIRMAN. It may be placed in the record.

(The papers referred to follow:)

STATEMENT ON BEHALF OF THE WOMEN'S COMMITTEE ON THE SHEPPARD-TOWNER BILL.

The national women's organizations which have indorsed the Sheppard-Towner bill have formed a joint committee—the women's committee on the Sheppard-Towner bill—which has for many months been cooperating in the work for the passage of this measure. This committee consists of representatives of the following organizations: American Association of University Women, American Home Economics Association, General Federation of Women's Clubs, Girls' Friendly Society in America, National Board of the Young Women's Christian Association, National Congress of Mothers and Parent-Teacher Associations, National Consumers' League, National Federation of Business and Professional Women, National League of Women Voters, National Society, Daughters of the American Revolution, National Woman's Christian Temperance Union, National Women's Trade Union League, the Council of Jewish Women.

It was the intention of representatives of this committee to appear in person before the House Committee on Interstate and Foreign Commerce at the hearings now being conducted to present the indorsements of their organizations. In view, however, of the length of time already allotted to the discussion of this bill and our desire not to delay the hearings, it has been decided that the organizations will not ask to be heard individually, but will file statements with the committee if permitted so to do.

It may conservatively be said that the membership of our combined organizations run into the millions. It is also true that to them the Sheppard-Towner bill is of the very foremost importance, and that no other measure has had so much publicity or been the subject of such widespread interest among our members. We believe that it is a life-saving measure, and that as such it should be passed; we believe that it is a much needed educational measure, and that as such it deserves support. We believe that the contention that it will cause undue centralization is unfounded, because it provides only for Federal aid to permit the States to do their own work through their own already existing agencies. We believe in the administrative features of the bill as they now stand, because we know that the Children's Bureau is the pioneer child hygiene service of the Federal Government; that it was created in part to do child hygiene work which no other Government bureau was doing, and that it has done this work with marked success, and also because we believe that the educational and social features of infant and maternal welfare work should be considered in the plans of the States, as well as the purely medical ones. We hope that as this bill was unanimously reported by the House Committee on Interstate Commerce, after exhaustive hearing, in the Sixty-sixth Congress, it will again report it promptly for the consideration of the Sixty-seventh Congress.

LENNA LOWE YOST,
Chairman Woman's Committee.
DOROTHY KIRCHWEY BROWN,
Secretary Woman's Committee.

The American Home Economics Association heartily indorses the Sheppard-Towner bill (S. 1039, H. R. 2366) providing for the public protection of maternity and infancy and urges its speedy enactment into law.

The object of the American Home Economics Association is to improve the conditions of living in the home, institutional household, and the community. The association is primarily interested in the betterment of the home life of the American people, and as the most important function of the home is the bearing and rearing of children who will function in society for its advancement, we believe that this is a measure which is essential to conservation of the most precious products of our home life.

There are in this country about 20,000,000 home makers. Statistics show that 90 per cent of the children in the United States between the ages of 14 and 16 are out of school and that 50 per cent of these have only a fifth grade education or less. This means that by far the greater majority of our women marry and assume the responsibility of parenthood with practically no training for this particular function and very little general education. The mortality record is evidence of the ignorance on the part of mothers, as undoubtedly two-thirds of the mothers who die in childbirth could be saved if they had thoroughly understood the causes and symptoms of such a condition and at least half of the babies who die before they are a year old could be saved if mothers were trained in the fundamental principles of child care and feeding.

The association believes that the opportunity should be open to every woman to secure at public expense training in the fundamental responsibilities which comprise the occupation of homemaking, so that she may be able to conduct and manage a

home where a healthy happy family can be reared. We, therefore, indorse this measure as a most important piece of educational legislation and as a foundation for our own special work of spreading the knowledge of the proper care of children and most efficient methods of homemaking.

The membership of this association is made up of home makers, teachers of home making, workers in home economics extension, institutional workers, and research workers in all lines for the betterment of living conditions. We know intimately the needs of the home and how great is the demand for this legislation which will aid the States in providing the essential care to mother and babe. We protest against this great preventable annual loss of life and register an urgent appeal that Congress enact this law which will give immediate relief in the saving of many thousands of lives and which is a fundamental step in the promotion of education for homemaking.

LOUISE STANLEY,
Legislative Chairman American Home Economics Association

Mr. TOWNER. Mr. Chairman, I desire sincerely to thank the committee for their attention which has been given us.

The CHAIRMAN. Then if you are through, Judge, the Chair will state that we will meet to-morrow morning at 9.30 o'clock and continue until 11, and the opponents of this measure will be expected to appear at that time. The Chair would like to ask those persons who desire to be heard in opposition to this bill to leave a record of their desire with the clerk of the committee in the office of the committee next door as soon as possible after 11.30 this morning, so that the schedule can be made up, in order to save time and for the purpose of facilitating the hearing. The meeting is now adjourned.

(Whereupon, at 11 a. m., the committee adjourned until 9.30 o'clock a. m., Saturday, July 16, 1921.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Saturday, July 16, 1921.

The committee met at 9.30 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. Gentlemen of the committee, the hour has arrived at which we were to begin the hearing of testimony from opponents of the bill under consideration. Before doing so, however, the Chair wishes to state to the committee that he has received as the chairman of the committee, leading up to the hearings, various communications of one sort and another and quite a variety in point of source, bearing on the interest of people in having some legislation passed, and, of course, all directed toward this bill. It is not the purpose of the Chair to go into an exhaustive analysis of those letters. They have come from all kinds of associations of which women are members and from many individuals and from men, professors in colleges, and so forth and so on. A summary of those letters in the affirmative, which we will call the proponent side, up to this morning was about 243. Out of those 197 came from the State of Massachusetts and not an insignificant number from the city in which I live. Outside of Massachusetts the remaining 46 were divided among about 14 States where somebody saw fit to take an interest in this matter on the side of the proponents. New York State contributed 12, Virginia 3, Indiana 5, California 3, District of Columbia 3, Pennsylvania 3, North Carolina 2, and 8 or 10 other States one each. You will notice that so far as the communications to the committee officially are concerned, Massachusetts had a very tremendous and unusual interest in this matter. When we come to consider the opponent's side I will make a report then, although I may say in passing that Massachusetts again came quite prominently to the foreground.

In conversation with Judge Towner this morning, he and I have concluded, if agreeable to the committee, to have some typical letters read into the record and read before the committee at a later meeting. Judge Towner also has some letters in his posession and those I have will be available for his scrutiny and mine, as chairman, if you please, and out of those we will pick enough letters to indicate the types and sources from which they have come, and will have them read to the committee and have them made a part of the record. When that has been done, so far as the Chair can understand and see, the case of the proponents has been fully covered as to its outline of the case, subject to later presentation by arrangement by the committee with Judge Towner.

The Chair will now call upon Mrs. Leatherbee, if she is in the room, to give testimony.

STATEMENT OF MRS. ALBERT T. LEATHERBEE, REPRESENTING MASSACHUSETTS ANTISUFFRAGE ASSOCIATION, BOSTON, MASS.

The CHAIRMAN. Mrs. Leatherbee, will you kindly give your name, whom you represent, and your residence?

Mrs. LEATHERBEE. Mrs. Albert T. Leatherbee, Boston, Mass. I represent the Massachusetts Anti-Suffrage Association, composed of about 40,000 women of 21 years of age and over, living in all parts of the Commonwealth of Massachusetts. I appear as their representative and not personally.

On April 28, 1921, I appeared before the Senate Committee on Education and Labor as the representative of the Massachusetts Anti-Suffrage Association and opposed this bill as "paternalistic, socialistic, and meddlesome in nature and of no practical value for the objects it pretends to effect." We still adhere to that position but I shall not repeat the arguments given then because they are already printed on pages 52 and 53 of the report of that hearing.

The chairman of the Senate committee, Senator Kenyon, officially requested our association to present suggestions that would eliminate the paternalistic and socialistic features. But, before we could take action, Senator Moses submitted his amendment and our association advised the committee that this amendment embodied our ideas, although we do not approve of any Federal action on the subject.

It is impossible to remove the paternalistic features of the bill, because any legislation of the Federal Government that interferes with the control of the private and personal affairs of its citizens must from its very nature be paternalistic. We object to this measure as a primary move of National Government toward bureaucratic control of family life.

The socialistic phase of the bill is also impossible of elimination, because when any State endeavors to control purely personal affairs of its citizens, such as the right to manage their own family matters, its action is necessarily socialistic and can not be otherwise.

The chief object of attack in the battle of socialism against our established Christian civilization is the family. Socialists know that so long as the legitimate, legalized family remains the unit of society, they can never control the State. It is the first necessity to break up the family that amid the resulting chaos they may endeavor to build a society based upon individualism in which children become the wards of the State.

We consider it inadvisable to have a Federal bureau managing maternity matters. We feel that such affairs can be much more economically and practically handled locally. All over the land arises a cry for governmental economy, for the reduction of the cost of Government, for a decrease of taxation. We feel that there is absolutely no call for the additional expense involved in this bill, small as a few extra millions of dollars may seem to those to handle the people's money.

It seems to be the present legislative tendency everywhere to inaugurate new and expensive departments to meddle with the private lives of individuals. Our former ideas of government, which were primarily for the protection of life and property of our citizens throughout the world, are being replaced by theories for personal guidance. A group of self-constituted mentors, pseudo supermen and superwomen, has arisen to guide our actions and guard our morals. It would almost seem as though there were some hidden power intent upon forcing legislation to interfere with the domestic relations of private life. As a result, the people are beginning to feel a mild annoyance which will soon develop into seething unrest. They are beginning to protest against the constant endeavor to dictate private action. Such an attitude is neither healthy nor normal and may lead to very grave conditions of lawlessness. And a state of lawlessness and unrest is the very state most desirable to the socialists. There is much food for thought in all this.

Therefore, we ask you gentlemen to consider all these phases of the question, as well as the literal phrasing of the bill, before making a final decision.

If it be necessary, which we do not believe it to be, for the National Government to supervise the pregnancy of the country, to act as physician, midwife, and nursemaid to the citizens, we beg that the management be placed in the hands of educated professionally trained persons where it may be practically carried out by those fitted for the work and not left in the hands of an army of ignorant amateurs.

In support of this, I wish to say that the Boston Medical and Surgical Journal, which is the organ of the Massachusetts Medical Society, owned and published by it, and the representative medical journal of New England, edited by Dr. Walter P. Bowers, who for many years has been secretary of the State board of medical registration, came out on July 7 with this editorial—I shall not read the whole of it but simply that

portion of it which applies to this matter. It is headed, "The Sheppard-Towner Maternity Bill," and after announcing the date of the hearings, July 12, it goes on and says:

"There is great and growing opposition on the part of physicians, mothers, medical societies, and all sincere opponents of bureaucracy and paternalism.

"Senator Moses has introduced a real maternity bill, which would provide local maternity hospitals, and the training of local nurses, under local, county, and State authorities. So, if you are in favor of the Federal Government doing something of benefit in this matter, be sure to include an indorsement of 'the Moses amendment' if you approve it. Some persons believe that even the 'Moses amendment' would lead to abuses and final concentration of power in a Federal bureau, and that this subject should be left exclusively with the States, but the Moses amendment provides for local control and at least does something for mothers and babies, and does not allow centralized Federal coercion.

"The Sheppard-Towner 'maternity' bill, on the contrary, concentrates full power in the Federal Children's Bureau; provides nothing but 'advice' and 'investigation' and 'lectures' and 'jobs'; actually prohibits the use of any part of the fund for hospitals or equipment (sec. 13)—so it can all be used for salaries—and allows the Federal Children's Bureau to send out propagandists and 'amateurs' 'to incur such travel and other expenses as it may deem necessary.' (Sec. 6.)

"The 'maternity' bill propagandists are bitterly opposed to the 'Moses amendment.' They don't want local hospitals for mothers, but Federal jobs for themselves and the expansion of the United States Children's Bureau into a vast 'maternity system' as in foreign countries, with Mrs. Kolontai's system as their ideal of 'the most comprehensive.'

"Massachusetts can settle this question for itself if the legislature will deal with it in a logical manner. The Journal contends that the Federal Government should restrict its activities to the dissemination of information on this subject."

That is from the recognized authorized authority of the medical profession in New England.

In regard to the cost of the matter, I wish to read very briefly a certain passage from the Boston Transcript of July 9, 1921. Those of you gentlemen who are not familiar with Boston may be interested to know that the Transcript is the representative family paper of New England and probably has the largest evening circulation in the home of any paper in that section. It is a very well-known and very fine old paper. While this editorial is largely, perhaps, partisan in its nature, I shall read only those portions which refer to this bill which, of course, is opposed from a perfectly nonpartisan standpoint. It is speaking about the expenses of Government and taking up these new legislative ideas for new departments, etc. It says:

"Grant, for the sake of argument, that the public welfare requires a new department, especially charged by law with its care, the public welfare can best be served at this time by cutting down the cost of Government as a first step toward reducing the tax burden that is bearing down so heavily upon the people. Grant, for the sake of argument, that public education requires a new department especially charged by law with its promotion and control, the cause of public education can best be served at this time by informing the men and women above school age concerning the true function of Government and the obligations of the Nation, the States, and the municipalities and by correcting the prevailing impression that the only cure-all is legislation. Grant, for the sake of argument, that training for motherhood will reduce the rate of infant mortality and build a better Nation, if the people of the municipalities and States of the Union are willing to admit the benefits of this training they will tax themselves in their own communities and in their own States to provide it. Why should the Nation, in this economic crisis, be called on to pay for the neglect by the States and municipalities of their own citizens?

"Remember that it is in the villages and the cities that the raids upon the Treasury are organized in behalf of many new schemes now pending in Congress for adding to the cost of Government and increasing the tax burden. Instead of rallying to the support of less and better Government at a lower cost, the most active among the newly enfranchised voters appear to be taking the lead in the squandermania that is descending upon Congress. Here and there organizations of women voters are bringing the strongest possible pressure to bear upon Congress for the creation of new departments. They appear to be blind and deaf to the condition of the Treasury."

In closing it says:

"The man or the woman who will resolve to oppose the creation of any new department at Washington until the number of the departments in existence has been reduced by consolidation, to oppose the opening up of any new fields of Federal activity until the taxes have been reduced, will be rendering greater service to the welfare of the

Nation and the world than by joining any one of the organized raids upon the Treasury that are now soliciting new recruits."

That is all I have to say, gentlemen.

The CHAIRMAN. Do the members of the committee desire to question Mrs. Leatherbee?

Mr. GRAHAM. Mrs. Leatherbee, I wonder if I understood you properly. You are opposed to governmental interference in family life?

Mrs. LEATHERBEE. Yes, sir.

Mr. GRAHAM. And you would even go so far as to extend that to the State's jurisdiction, would you?

Mrs. LEATHERBEE. Yes, sir; in family life.

Mr. GRAHAM. I also have somewhat the same ideas in my mind, but just how far in your judgment can the State—and meaning by the State the Government—how far can the Government go properly in its interference with the family life with safety to the country, do you think?

Mrs. LEATHERBEE. Well, of course, the Government should go into family life to the extent of preventing the family from doing anything which is wrong or is contrary to the general public welfare or against the welfare of its neighbors; but as to its own personal matters, such as bringing up its children, if those children are not brought up in a way which is detrimental to the welfare of the public, I should certainly not consider it the duty of the State or Government or municipality to meddle.

Mr. GRAHAM. Let me call your attention to a few laws which we have in my State, for instance. We have a law requiring nurses and physicians to give prophylactic treatment to children's eyes when they are born. Do you think that is a proper exercise of governmental power?

Mrs. LEATHERBEE. Yes, sir.

Mr. GRAHAM. On what theory?

Mrs. LEATHERBEE. Because if those children became blind they would become wards of the State, to the extent that they would have to be supported by public funds.

Mr. GRAHAM. But suppose the child's eyes are all right.

Mrs. LEATHERBEE. You can not tell whether they are all right or not.

Mr. GRAHAM. Therefore, the Government is justified in stepping in in order to insure the health and welfare of that child, and by so doing, indirectly, the State is helped.

Mrs. LEATHERBEE. Yes, sir.

Mr. GRAHAM. I agree with you about that. Now, do you think that the child-labor laws are proper?

Mrs. LEATHERBEE. I am not an expert on child labor and I should hesitate to say.

Mr. GRAHAM. I mean the kind of laws that say that a child under 14 years of age, we will say, can not work without the permit, for instance, in some places, of certain public officials, and such public officials do not consult the wishes of the members of the child's family. Do you consider that kind of legislation as proper?

Mrs. LEATHERBEE. I do not know that my personal opinion would be worth much on that. I am frank to say that I think in many cases where the child labor law prohibits children under 14 years of age from working, in individual cases it is not always wise; but that is merely my personal opinion. I could not speak for my association on that.

Mr. GRAHAM. Suppose, for instance, the power is taken out of the hands of the parents to say whether a child shall work or not, and that is true in several States, do you think that is right?

Mrs. LEATHERBEE. No; personally, I do not.

Mr. GRAHAM. The State is given that jurisdiction in some cases.

Mrs. LEATHERBEE. Yes; but simply because jurisdiction is given in some cases does not make it any more advisable to use it in other cases.

Mr. GRAHAM. Do you believe in the dependency and delinquency laws in force in many States by which the public takes upon itself the power and right to go into your home and mine and say whether we are raising our children properly?

Mrs. LEATHERBEE. Personally, I do not.

Mr. GRAHAM. It is done; you know that.

Mrs. LEATHERBEE. I know lots of things are done but still I personally do not approve of them, and when I answer these questions, you understand, Mr. Graham, I have to answer them according to my personal opinions, because I have no authority from the people whom I represent to speak along these particular lines.

Mr. GRAHAM. I understand that, and I am simply trying to get your viewpoint.

Mrs. LEATHERBEE. My personal opinion.

Mr. GRAHAM. In many States it is the law that children before they go to school must submit to certain physical examinations and from time to time be examined

and be treated so that they may be immune to certain diseases, such as smallpox do you think those are proper exercises of governmental functions?

Mrs. LEATHERBEE. Certainly I do, because otherwise that child might be a menace to the rest of the children in the community.

Mr. GRAHAM. Then on a parity of reasoning I am wondering why the States themselves can not exercise similar powers and functions as to the regulations of the birth of children in the way of assistance and supervision, if you please, so that the health of the child will be as good as is possible.

Mrs. LEATHERBEE. That is exactly the stand which is taken by my association. We see no reason why the Federal Government should go into these matters. In Massachusetts we attend to them very nicely locally. We have some 45 general hospitals which take maternity cases and we have about one dozen hospitals which have nothing but maternity cases. The Boston Lying-in Hospital is probably the pioneer in work of this sort, and, in Massachusetts, the people who are interested in child welfare and who are interested in prenatal work are very strongly—that is, those I have talked with, and I have talked with most of them—are very strongly in favor of leaving this matter in the hands of the local authorities, and the local private associations. They are getting along very nicely. They are doing very well. They do not care to be meddled with and they do not care to be under any supervision which they consider is not of an absolutely professional nature.

Mr. GRAHAM. Then your objection is not a fundamental objection to the State doing this, but your objection is principally based upon the proposition that you think it is a local matter and that ought to be attended to by the State or by the local municipality.

Mrs. LEATHERBEE. We feel that whatever is done should be done locally. We have an excellent health department in Boston. We have excellent health departments all over the Commonwealth, and those departments in connection with the various private organizations are attending to this business now, and they are doing it well, and they do not care to be interfered with, and my association believes that this matter of prenatal care or the care of the infant is a purely professional, medical matter; that it is not a matter of sociology or a matter of economics; that it is primarily and fundamentally professional, medical work.

Mr. GRAHAM. I am glad to get your view, because I rather gathered from your statement that you were opposed to the thing on principle, but I see now that that is not the fact. What you are principally opposed to in this bill is the Federal element in it.

Mrs. LEATHERBEE. Yes, sir.

Mr. NEWTON. Right along that line, Mrs. Leatherbee, I understood that you appeared before the Senate committee and opposed a similar measure pending there, principally upon the ground that it was socialistic and paternalistic.

Mrs. LEATHERBEE. Yes, sir.

Mr. NEWTON. And also upon the ground that it was an unwarranted exercise by the Federal Government of powers belonging to the States or the localities. The objection that it is socialistic and paternalistic would seem to me to apply whether that work is carried on by the Federal Government or by the States.

Mrs. LEATHERBEE. I think, if I remember correctly, I said this bill was socialistic and paternalistic, and of course, if a thing is done locally in a city and done under an appropriation which is given by the city council or the board of aldermen, or whatever the authority of the city may be which appropriates the money, and is carried out by the health department of that city, that, of course, is purely a local matter. A bill could be drawn which would apply locally; that is, an ordinance would be issued by the city government which would cover all the desirable features that are intended to be covered in this bill without having the undesirable ones.

Mr. NEWTON. Now, take this as an illustration: I believe you were in the room here in the last few days and heard the testimony of Dr. Baker, of New York City?

Mrs. LEATHERBEE. I had the pleasure of hearing some, but not all, of her statement.

Mr. NEWTON. She related the work being carried on by the city of New York which appealed to me as a very worthy work, as to prenatal care and as to instructing mothers in the care of babies. Some people would call that socialistic and paternalistic.

Mrs. LEATHERBEE. No, sir; I think that the work which is being done by the health authorities of the respective large cities is a very excellent work. As I understand that work, and I presume it is the same as it is in Boston, it is largely a matter of clinics and a matter of advising people who come in and apply for advice.

Mr. NEWTON. Then, so far as that particular work is concerned, you do not term that as meddlesome?

Mrs. LEATHERBEE. Oh, no; that is a local matter, and they do not go out and meddle with people. The people come to them.

Mr. NEWTON. Now, what I am getting at is this: As I understand the provisions of this bill, it is to stimulate interest in these different matters by the States. Wherein do you claim that by the enactment of this bill the Government would be meddling with the families and meddling in family life?

Mrs. LEATHERBEE. In my opinion the latitude of the bill is so very remarkable that perhaps it is as dangerous for what it does not say as for what it does say; you place control of a matter of this sort in a Federal bureau and that Federal bureau has the right to tell the different organizations that are working under it what they shall do and then you certainly have a paternalistic control, or a maternalistic control, if you prefer that term.

Mr. NEWTON. The Federal Government, as I understand the intent of the framers of the law—I am not thoroughly conversant with every detail of its phraseology, because I have not given it that close study—but as I understand it, the only control that would be exercised by the Federal Government would be to see that the general purpose of the act is carried out; so that if $10,000 is given to a State they will know, in a general way, that it is being spent in accordance with the general purpose of the act. I do not see that there is anything in the bill, as proposed, which does any more than that. That being the case, the manner of administration, the matter of the expenditure of this money, and such visitation as may be done in connection with it, may be purely a matter for the individual localities or for the States, so that I can not see how there could be any objection to the bill so far as being paternalistic or socialistic is concerned, unless we go back to Herbert Spencer's theory that every kind of government, even that of public education, is paternalistic and socialistic.

Mrs. LEATHERBEE. Did you ask me a question?

Mr. NEWTON. I was simply stating the fact that I was unable to get your point of view from such reading of the bill that I have been able to do, that under this bill the Government could go into the States and meddle with the family life. I can not get your point of view on that.

Mrs. LEATHERBEE. I think if you will read the bill very carefully, Mr. Newton, you will see that in there.

Mr. NEWTON. I intend to read it more carefully, but the general purpose of the bill——

Mrs. LEATHERBEE (interposing). The intentions of the proponents of the bill I believe are very excellent in their desires, but I do not think that this bill will carry out those things which they claim to desire, and I think it gives a tremendous latitude and establishes a very remarkable precedent.

Mr. NEWTON. Of course, if the Government is going to expend any money you would want some authority in the Federal Government to check up and find out whether the States were using the funds for maternity purposes, or whether they were being used for some entirely different purpose. That, of course, would have to follow. Would you favor the bill if it did not do more than that?

Mrs. LEATHERBEE. Who is going to check up on this thing?

Mr. NEWTON. Well, the Public Health Service, or the Children's Bureau, or whatever organization of the Government as would be designated by Congress as the administrative body.

Mrs. LEATHERBEE. Of course, our opinion would vary as to which department was to do this checking up.

Mr. NEWTON. No; I mean simply some department of the Government.

Mrs. LEATHERBEE. I do not exactly comprehend what you have in mind.

Mr. NEWTON. You and I agree that if the Government is going to expend any money for this purpose, there should be some department of the Government that would see that the money is expended along general lines for this purpose.

Mrs. LEATHERBEE. Of course.

Mr. NEWTON. Then I believe you mentioned that it would depend upon what department of the Government it was placed under.

Mrs. LEATHERBEE. Yes.

Mr. NEWTON. I agree with you to this extent: I think one branch of the Government might exercise the power much more wisely and better than another branch of the Government. I am inclined to agree with you that this is more medical than a question of sociology and general welfare work. If this work is to be done, you would prefer to have it done by the Public Health Service?

Mrs. LEATHERBEE. Most certainly. If it be necessary for the Government to take such a matter in charge, we naturally would prefer that it should be done by regularly educated physicians.

Mr. BARKLEY. I believe you speak for the Massachusetts Association Opposed to Woman's Suffrage?

Mrs. LEATHERBEE. It is the same thing, although the name is a little different—the Massachusetts Anti-Suffrage Association.

Mr. BARKLEY. I suppose in spite of the course of events the association is keeping up its organization?

Mrs. LEATHERBEE. We are keepipg up our organization until the Supreme Court renders its decision as to the legality of the nineteenth amendment.

Mr. BARKLEY. I do not just get the connection between an association opposed to woman's suffrage and this bill.

Mrs. LEATHERBEE. Of course, the Massachusetts Anti-Suffrage Association is not appearing here as an antisuffrage association, although, of course, that is the name of the organization, and the purpose for which it was established some 25 years or more ago. It is appearing here as an organization of conservative Massachusetts women who are opposed to this measure.

Mr. BARKLEY. I did not get quite clearly in my mind whether your opposition, and when I say your opposition I mean the opposition of your society——

Mrs. LEATHERBEE. Certainly.

Mr. BARKLEY (continuing). Is based on the theory that the Government owes nothing to the people in the way of maternity and child hygiene.

Mrs. LEATHERBEE. You put it in a rather peculiar way. Of course, we believe that the Government owes a great deal to its citizens in every particular, but we feel that it may best show that indebtedness by leaving them alone to a certain extent to work out their own salvation.

Mr. BARKLEY. Do you believe, or does your association believe, in compulsory education of children?

Mrs. LEATHERBEE. I do not know. It has never taken any stand on it. I presume it does. You mean in the public schools?

Mr. BARKLEY. Yes.

Mrs. LEATHERBEE. Yes; I do.

Mr. BARKLEY. Upon what theory?

Mrs. LEATHERBEE. Because it is for the welfare of the whole country. It is not a matter of the education of that individual child or the welfare of that individual child, it is how that education will react upon the whole country. As I understand it, our form of government is based on what is for the welfare of the majority and not the individual.

Mr. BARKLEY. So you do believe that the Government ought to meddle in the family so far as education is concerned.

Mrs. LEATHERBEE. I should hardly call that meddling, because the Government allows any family to educate its child as it sees fit. It does not say that every child shall go to a public school.

Mr. BARKLEY. No, but if they see fit not to educate them anywhere, the State steps in and takes charge.

Mrs. LEATHERBEE. And say that they must educate them but they have a choice as to where they shall be educated and how they shall be educated.

Mr. BARKLEY. Do you believe in compulsory vaccination?

Mrs. LEATHERBEE. Certainly.

Mr. BARKLEY. Upon what theory?

Mrs. LEATHERBEE. Upon the theory that if children are not vaccinated they become a menace to the health of the community.

Mr. BARKLEY. And therefore may produce or cause the death of individuals in the community.

Mrs. LEATHERBEE. Yes.

Mr. BARKLEY. You are in favor then of compulsory vaccination because if the disease is contracted and spread it may result in death.

Mrs. LEATHERBEE. It results not only in death but it results in great damage to the community.

Mr. BARKLEY. What is the other damage, in addition to the damage produced by death. You are speaking now of the economic loss?

Mrs. LEATHERBEE. Of course, if you have a large epidemic, you suffer all sorts of losses; but, primarily, as I understand it, compulsory vaccination is to prevent that child from becoming a source of infection to the children and to the rest of the community.

Mr. BARKLEY. Now, let me ask you——

Mrs. LEATHERBEE. Pardon me just a moment. In answering these questions, you are asking me these questions personally?

Mr. BARKLEY. Yes.

Mrs. LEATHERBEE. I have no authority from my association to say anything on these subjects.

Mr. BARKLEY. How do you differentiate between the interference of the State to compel the vaccination of an individual in order to prevent the death of some other

individual or its own death and the interference of the State to prevent the death of a mother who brings that child into being, or the child itself after it is brought into being?

Mrs. LEATHERBEE. Maternity is not contagious.

Mr. BARKLEY. No, but is rather widespread.

Mr. JOHNSON. Mr. Chairman, I think we ought to have order. I object to that because I think this is too serious a proposition.

The CHAIRMAN. What is your objection, Mr. Johnson?

Mr. JOHNSON. I object to making sport of what the witness says here.

Mrs. LEATHERBEE. I had no intention of making sport of it.

Mr. JOHNSON. I understand that.

The CHAIRMAN. I think we may go on with the proceedings.

Mr. BARKLEY. I do not quite yet see the difference between the theory under which it is the duty of the Government to compel somebody to undergo some sort of physical torture in order to save its own life or the life of somebody else, and the theory which also puts the Government into an activity that may prevent the death of an individual or groups of individuals from other causes.

Mrs. LEATHERBEE. Of course, I am not an expert on epidemology or anything of that sort, but it seems to me a very plain line can be drawn between allowing a child to associate with other children in a school and perhaps be the source of carrying a very frightful epidemic disease into other families and the matter of State investigation as to the prenatal condition of individual women.

Mr. BARKLEY. Let us take two families living side by side as an example, and one of those families, we will say, has three or four children. They have arrived at the age of from 4 or 5 years up to 10 years, and one of them contracts some contagious disease which may result in its own death or in the death of others. Next door is a family where the wife has either given birth to a child or is about to do so, and through her ignorance or her poverty or a combination of ignorance and poverty, she is either liable to lose her own life or the life of the child. Now, where is the difference in the value of those two lives as represented in those two families so far as the Government is concerned, which would compel the Government to interfere in one case but would compel it to keep its hands entirely off in the other case.

Mrs. LEATHERBEE. Do you refer to quarantine measures?

Mr. BARKLEY. I refer to any sort of health measure or any sort of interference on the part of the Government, with respect to one family and withholding its arm from such interference with another family.

Mr. RAYBURN. Has the Federal Government ever passed any law regulating the matter of vaccination or has the Federal Government in any way interfered in that?

Mr. BARKLEY. No; that is not the question. I have been discussing the question of what she has said was the duty of the Government, it makes no difference whehter it is the State or Federal Government.

Mr. RAYBURN. It is a question of whether the Federal Government should go into this field.

Mr. BARKLEY. I was speaking broadly of the Government's duty, and I am not distinguishing between the State government and the Federal Government with respect to these matters affecting the welfare of the people.

Mr. RAYBURN. May I interpose again? In the first place that is getting away from the premise that she laid down. She does not object to Massachusetts, Kentucky, or other States performing this function, but her premise is laid upon the proposition that it is not a Federal function.

Mrs. LEATHERBEE. Yes, sir.

Mr. RAYBURN. The same objection would apply to compulsory education under a Federal law?

Mrs. LEATHERBEE. Yes, sir; it is a matter of home rule and State rights.

Mr. BARKLEY. Did I understand you to say that it is the duty of the State to do those things with reference to maternity and infancy?

Mrs. LEATHERBEE. Personally, I do not object to it. There is one thing that I would like to say in regard to vaccination, that you object to——

Mr. BARKLEY (interposing). I do not object to it.

Mrs. LEATHERBEE. I should say compulsory vaccination. In Massachusetts, vaccination is compulsory to children going to the public schools. That is true in Massachusetts, but I do not know as to the rest of the country. If people there ob ect to having their children vaccinated, they do not have to send them to the public schools. It is only in connection with the public schools in Massachusetts that vaccination is compulsory.

Mr. BARKLEY. Speaking generally, all health regulations in a State apply to all the people of the State without exemption, do they not?

Mrs. LEATHERBEE. Yes, sir.

Mr. BARKLEY. I was correct in the assumption that you opposed this matter upon the principle involved, whether the power was exercised by the State or the Nation?

Mrs. LEATHERBEE. Certainly; yes, sir. Our association, and I can only speak for them in this matter, object to it because it is taking over a State and city affair by the Federal Government.

Mr. BARKLEY. But your association has not gone on record in favor of it even as a State matter?

Mrs. LEATHERBEE. No, sir.

Mr. BARKLEY. So, if I gather it correctly, you are in favor, or you do not object to certain activities on the part of the State, although compulsory, that tend to preserve the health and life of certain individuals in such communities, but that you do object to, or are opposed to, those activities as applied to certain other individuals covered in this particular bill?

Mrs. LEATHERBEE. I do not think that anybody to-day has any question about being willing to conform to the resolutions and injunctions of the public health department of its own locality. Everybody realizes that those resolutions are made for the benefit of the community, and I have never heard that question raised anywhere.

Mr. BARKLEY. Do you think that work of this character is needed anywhere?

Mrs. LEATHERBEE. What do you mean by "work of this character?"

Mr. BARKLEY. I mean the education of women with reference to their own care and the care of their children, either before or after birth.

Mrs. LEATHERBEE. I think that is a very essential thing, and in Boston and in Massachusetts, I think it is already being done very well.

Mr. BARKLEY. I suppose that is true, but suppose it is true that in other sections of the country, where they are not so favorably situated in that respect as in Boston and New York, it is not being done. Assuming that it is a work that ought to be done, do you still contend that the Government ought not to interfere and offer its services in that respect?

Mrs. LEATHERBEE. Speaking personally, I think that if in the parts of the country you mention—and I do not know what localities you refer to—but, I think if there is a demand for that sort of thing, the people should take it up with their own authorities. I have lived in other places besides Boston and Massachusetts, and I find that there is a strong feeling all over this country, and it is growing stronger all the time, that the people should control in their local matters, and should place them in the hands of of the local people.

Mr. BARKLEY. Do you believe that the feeling is growing for or against that?

Mrs. LEATHERBEE. The feeling is growing for local self government.

Mr. BARKLEY. You do not know that practically all of the so-called encroachments of the Federal Government upon the authority of the State has been brought about by the demand of the people on account of the neglect of the State to bring about the conditions which they desire?

Mrs. LEATHERBEE. I am no authority on that, but I fancy that that might have been brought about by an active minority.

Mr. BARKLEY. Do you mean that a minority of the people can compel Congress to do those things?

Mrs. LEATHERBEE. I did not say that they could compel Congress, but I think that well organized minorities have very powerful effects.

Mr. COOPER. Mrs. Leatherbee, I want to ask you a few questions, and I will not tire you any more than I can help. You appeared before the Senate committee on April 28, and opposed the consideration of this bill?

Mrs. LEATHERBEE. Yes, sir. However, the bill is a little bit different.

Mr. COOPER. It was this same bill, according to Judge Towner's statement. This is the bill as amended by the Senate committee.

Mrs. LEATHERBEE. Yes, sir.

Mr. COOPER. I have a copy of the hearings before the Senate committee here, and I find that you made this statement:

"Marx and Engels preached destruction of the family, and their followers have never repudiated this teaching. But our socialists, our radicals, our atheists, although they openly preach enmity to the family, dare not bring warfare against it at once. They seek its destruction by insidious and indirect means. They are beginning with legislation that pretends to benefit the family. They come garbed in sheep's clothing, but their nature is lupine, and we must be on our guard.

"After 2,000 years of Christian civilization, are we to progress in a circle until we get back to the pagan standards of ancient Sparta and the Code of Lycurgus, 800 years before Christ, and regard the child as the property of the State and the function of parenthood mere machinery by which citizens are produced?"

In the next paragraph you say:

"The bill is meddlesome because it allows agents—I do not say that it provides for—it allows agents of a Federal bureau to invade the homes of our people and subject prospective mothers to annoyance and insult in the most personal and delicate relation of life."

Now, the questions I want to ask you are these: Do you believe that the authors of this bill, and all of those organizations that have indorsed it have any such thing in mind as you stated before the Senate committee?

Mrs. LEATHERBEE. I think, Mr. Cooper, if you will read the rest of those remarks of mine on this question, you will find the ansewr there. Mr. Kenyon asked me the very same thing, and I said, "No; certainly not. I do not believe that these people intentionally have any desire to wreck the home," but lots of things are done unintentionally.

Mr. COOPER. Then, I want to ask you this question: Why did you make that statement in opposing this measure?

Mrs. LEATHERBEE. Because that statement, in our opinion—and I am speaking for my association—is absolutely true.

Mr. COOPER. Do you believe that in this measure there is involved a principle of that character?

Mrs. LEATHERBEE. I do.

Mr. COOPER. Do you also believe that, if this measure becomes a law, Federal agents will invade the sanctity of the home and subject prospective mothers to annoyance and insult?

Mrs. LEATHERBEE. That is perfectly allowable, so far as the bill is concerned.

Mr. COOPER. Will you please point that out?

Mrs. LEATHERBEE. That is what you can not point out. That is one of those things which make me claim that the bill is more dangerous from what it does not stipulate than from what it does stipulate. There is nothing in the bill that will prevent those agents of the Children's Bureau from going into homes and subjecting prospective mothers to annoyance. There is no limitation placed upon them.

Mr. COOPER. You were present the other day when Dr. Baker testified, were you not; or, at least, you heard a part of her testimony?

Mrs. LEATHERBEE. Yes, sir.

Mr. COOPER. You recall that she stated that in New York it was all voluntary on the part of the mothers?

Mrs. LEATHERBEE. Yes, sir.

Mr. COOPER. Is there anything in this bill that would compel a mother to be subjected to that annoyance?

Mrs. LEATHERBEE. It is just as I stated, there is nothing in it that would compel them to submit, but there is nothing to prevent it. What Dr. Baker was talking about were conditions under a local department of health.

Mr. COOPER. I do not believe that any member of this committee, or any member of the Senate committee considering this measure, or those in favor of the bill, have any such idea in their minds at all. I think that they would absolutely oppose it if they thought so.

Mrs. LEATHERBEE. That is the reason I am trying to call it to the attention of this committee. We are asking that you do not read the phraseology of the bill, but not only that you look at it carefully in every word and in every point of punctuation, to see what the possibilities in this bill are, or for possibilities that might occur that Mr. Towner had not the slightest desire or intention of having to occur. A law should be so carefully drawn, in my opinion—although I do not know that is worth anything—that anybody can understand it thoroughly from beginning to end without any question of what might happen.

Mr. COOPER. Are you and your organization ready to submit an amendment? I think that Judge Towner and the committee would welcome any suggestions on that line.

Mrs. LEATHERBEE. Senator Kenyon gave us the same very polite invitation before the Senate committee, and while we were drawing up our suggestions, Senator Moses offered an amendment, and we support the Moses amendment, provided the Federal Government is to do anything on the subject.

Mr. MAPES. You spoke of the Moses amendment: Is that incorporated in the report of the Senate committee or is it in the Senate bill?

Mr. TOWNER. It was a separate bill.

Mrs. LEATHERBEE. I beg your pardon, Mr. Towner, I have it here. It is an amendment offered by Mr. Moses on April 28, 1921, on the very day on which I was testifying before the Senate committee. Therefore, when I got back, this amendment had already been offered, and we wrote Mr. Kenyon, of the Senate committee, stating that under the conditions, if the Federal Government were to do anything, this Moses amendment embodied our views, because it provides for hospitals and it provides for special case.

Mr. TOWNER. This was not before the Senate committee and was not considered as an amendment, but it was introduced independently in the Senate as a substitute for this bill, was it not?

Mrs. LEATHERBEE. I will leave that to you, Mr. Towner, because I do not know enough to say about that.

Mr. TOWNER. We want to get at what was done.

Mrs. LEATHERBEE. It is known generally as the Moses amendment.

Mr. TOWNER. It was offered as a substitute for the other bill. It was introduced independently, and was not before the Senate committee when it considered the bill.

Mrs. LEATHERBEE. I think it is generally and popularly known as the Moses amendment. I think that is right.

Mr. SANDERS. I would like to have you note the reading of this amendment——

Mrs. LEATHERBEE. Which amendment is that?

Mr. SANDERS. This is an amendment which is included in section 8 of the Senate bill as reported by the Senate committee. This proposed amendment to the Senate bill reads as follows:

"*Provided*, That no plans of the States under this act shall provide for any official or agent or representative entering any home over the objection of the parents, or either of them, or the person standing in loco parentis, nor shall any employees of the Children's Bureau by virtue of this act have any right to enter any home over the objection of the parents, or either of them, or the person standing in loco parentis."

Would that meet the objections that you had in mind?

Mrs. LEATHERBEE. I think not.

Mr. SANDERS. What additional objections do you have in mind, except the objections that that amendment meets?

Mrs. LEATHERBEE. Do you mean to the bill? Our objection is that it does not provide anything; it does not do anything for the care or for the instruction of the prospective mother in any way, shape or manner. The bill provides no hospitals; it provides no beds; and it provides no nursing care. It absolutely provides nothing for the object which it is presumed to have in mind.

Mr. SANDERS. I am not talking about that, but I mean the objection you have been urging that it would interfere with the family or with the home. The adoption of that amendment I have read would obviate that objection, would it not?

Mrs. LEATHERBEE. To a certain extent.

Mr. SANDERS. To what extent would it not do so?

Mrs. LEATHERBEE. I suppose if anybody came to the door with a club demanding admission and the people would not let them in, this would support them in denying them admission.

Mr. SANDERS. This amendment does not say that, does it?

Mrs. LEATHERBEE. It says here "over the objection of the parents," etc. I do not suppose they could force their way into the home.

Mr. SANDERS. As a matter of fact, with that amendment, there certainly could be no doubt about the proposition that this bill does not provide for interference in any way with home life.

Mrs. LEATHERBEE. It necessarily does interfere. That can be evaded.

Mr. SANDERS. How can it be an interference?

Mrs. LEATHERBEE. It interferes to the extent that the Federal Government takes on the authority to give advice and force advice upon people.

Mr. SANDERS. What provision is there in this bill to force advice upon the people?

Mrs. LEATHERBEE. That is exactly what I have said before. The provision is not there, but there is nothing to prevent it, unless by that amendment.

Mr. SANDERS. There is nothing in the bill which provides it, or which authorizes it, or which justifies it?

Mrs. LEATHERBEE. It might justify it, but it does not authorize it.

Mr. SANDERS. What specific provision of the bill justifies it?

Mrs. LEATHERBEE. It does not authorize it specifically.

Mr. SANDERS. The real objection that you have is with regard to the tendency of the legislation rather than to what is within the purview of the bill?

Mrs. LEATHERBEE. Yes, sir.

Mr. SANDERS. Of course you are appearing as the representative of the Antisuffrage Association?

Mrs. LEATHERBEE. Yes, sir.

Mr. SANDERS. I am anxious to know when that organization took action with respect to the Sheppard-Towner bill.

Mrs. LEATHERBEE. I have not the note with me, but I think it was at an executive meeting some time in the spring. I do not remember just when. I think it was in January or early in the spring.

Mr. SANDERS. Have they taken action against the bill introduced for a similar purpose by Miss Rankin?

Mrs. LEATHERBEE. I can not tell you. I do not go to all of the executive meetings.

Mr. SANDERS. The article you read from the Boston Transcript in regard to this bill intimates that it might have been brought about by virtue of the action of the women voters after the suffrage amendment was put into effect. Is that your opinion?

Mrs. LEATHERBEE. Is it my opinion what?

Mr. SANDERS. That the action of the women voters who were enfranchised by the Federal suffrage amendment caused this legislation to be proposed?

Mrs. LEATHERBEE. I do not know whether they caused it to be proposed, but I know that they support it.

Mr. SANDERS. Of course, as a matter of fact, the legislation was proposed by Miss Rankin in Congress, preceding the adoption of the amendment.

Mrs. LEATHERBEE. I have no way of knowing why she proposed it or whether it was done upon her own individual initiative or at the request of some organization. I would not know that.

The CHAIRMAN. If you want light on that, do you object to my reading from the statement of Miss Lathrop before the Senate committee in answer to that very question?

Mr. SANDERS. I would not object.

The CHAIRMAN. I have before me a copy of the hearings before the Senate Committee on Education and Labor on Senate bill 1039. In the course of the proceedings the chairman asked Miss Lathrop this question:

"Did you originate this bill? Was it a product of yours?"

To that question Miss Lathrop made this answer:

"The bureau did; and I wish to say this, that, of course, the bureau is not in a position to push this measure or to secure information or sanction for it, nor have we endeavored to do so. I have been astounded at the amount of publicity that it has received. It evidently has met the sense of a need long existing."

Mr. GRAHAM. Whose testimony was that?

The CHAIRMAN. That was the testimony of Miss Lathrop, the head of the Children's Bureau.

Mr. SANDERS. That does not change the fact that the bill was introduced by Miss Rankin.

The CHAIRMAN. Not at all, but that is a part of the history of it.

Mr. SANDERS. Did the antisuffrage organization in Massachusetts go on record as opposing any other bill at the time it opposed this bill?

Mrs. LEATHERBEE. I do not remember. I can not say.

Mr. SANDERS. Have they passed resolutions condemning other bills in Congress?

Mrs. LEATHERBEE. They went on record very strongly and unanimously against the Smith-Towner bill, but I do not think it was at the same meeting. I can not answer as to that.

Mr. SANDERS. Did they go on record against the Federal child labor law?

Mrs. LEATHERBEE. I think not.

Mr. SANDERS. Did they go on record against any other welfare legislation, or what might be termed "welfare legislation"?

Mrs. LEATHERBEE. I can not tell you.

Mr. HAWES. Mrs. Leatherbee, what is the difference between National and State control. In Massachusetts you have health boards, charity boards, and other local organizations that care for this subject?

Mrs. LEATHERBEE. Yes, sir.

Mr. HAWES. And if any of these local agencies does not function properly, it becomes unpopular, and at the end of their term of office the people of Boston will have an opportunity to dispense with their services, or they may be removed from office.

Mrs. LEATHERBEE. Our health department in Boston is under a commissioner appointed by the mayor.

Mr. HAWES. He can be removed through the local sentiment of Boston as expressed in the election of a mayor?

Mrs. LEATHERBEE. Yes, sir. If the local sentiment were to demand it, I presume the mayor would either ask for his resignation or else discharge him or dismiss him.

Mr. HAWES. So that the Boston institutions are controlled by the majority sentiment of the people of Boston, through some agency of the Government?

Mrs. LEATHERBEE. Yes, sir.

Mr. HAWES. And that is true of any State health agency?

Mrs. LEATHERBEE. Yes, sir. We also have a public health department for the State. Our governor appoints the commissioner.

Mr. HAWES. You draw a distinction there, and I understand that your main objection to this bill is because the agencies can not be controlled by the local community

or the State. If you wanted to change a Federal law, you would have to consult the citizens of Texas, Arizona, New Mexico, Maine, and Washington, and all of the 48 States of the Union?

Mrs. LEATHERBEE. Yes, sir.

Mr. HAWES. You are largely in favor of the objects of this bill?

Mrs. LEATHERBEE. We are in favor of the results which people claim this bill will effect. Everybody would be in favor of that.

Mr. HAWES. But your fundamental objection is that it can not be controlled by local sentiment?

Mrs. LEATHERBEE. Yes, sir.

Mr. HAWES. That is a fundamental objection?

Mrs. LEATHERBEE. Yes, sir; that is one of the objections.

Mr. HAWES. You were asked what section of this bill gave Federal control over the State, and you said that it was vague and indefinite on that subject: Have you read section 8?

Mrs. LEATHERBEE. This is the House bill that I have.

Mr. HAWES. Does not section 8 mean that the national bureau could provide a set of rules, regulations, or directions, and unless the State complied with the national rules and regulations, they would receive no benefits, or receive no money from the National Government?

Mrs. LEATHERBEE. No, sir; but they would have to pay their proportion just the same.

Mr. HAWES. They could not get any money?

Mrs. LEATHERBEE. They could not get any; no, sir.

Mr. HAWES. Unless they complied with the rules and regulations written by this department, which are not even written into this law.

Mrs. LEATHERBEE. Yes, sir; exactly.

Mr. HAWES. So nobody to-day knows what those regulations are to be. This board is to be created and then this board will write the regulations. If the State does not comply with those regulations, they will be given no money.

Mrs. LEATHERBEE. I think you answered that question yourself——

Mr. HAWES (interposing). You are the witness. Is that a correct statement?

Mrs. LEATHERBEE. Exactly; yes, sir.

Mr. HAWES. So that there is nothing in this bill that tells you how far the Government may go in its regulations, and those regulations are yet to be written by people whose names are unknown to-day. Unless each one of the 48 States agrees to something that an unknown board has not yet written, it can not get a dollar under this bill—is that your view?

Mrs. LEATHERBEE. Yes, sir.

Mr. HAWES. When Congress makes appropriations for Federal aid for roads, it provides certain specific limitations upon the use of Federal money by the State. Are you familiar with that?

Mrs. LEATHERBEE. I am not; no, sir.

Mr. HAWES. For the purpose of illustration, under the Federal road aid provision, the State matches the Federal money, and the United States Government, in addition, says this road must be built of a certain kind of material, or a certain width, and must be part of a connected system, and it must be maintained. This bill attempts the same thing, but what it intends to do is not written into the bill.

Mrs. LEATHERBEE. No, sir.

Mr. HAWES. That is left to somebody yet to be appointed, to say what the States must do before they can secure a dollar.

Mrs. LEATHERBEE. That is my opinion.

Mr. COOPER. Is it not a fact that those regulations relative to good roads, or national aid for roads, are not in the law? They are fixed by the commission.

Mr. HAWES. No, sir; they are in the law.

Mr. COOPER. Such as the specifications as to how wide the roads shall be?

Mr. HAWES. No; but they must be part of a connected system, and must be maintained or Federal aid may be withdrawn. Now, that is not in this bill. It does not even provide that the money shall be withdrawn if the State does not do certain things.

Mr. RAYBURN. I think Mr. Hawes has covered most of the things that I wanted to ask. When you say the State, do you distinguish between the Federal Government and the State government?

Mrs. LEATHERBEE. I do there, unless it is specifically mentioned. When I say the State, I mean the State government.

Mr. RAYBURN. Then, it is quite a different matter for the State to do certain things and for the Federal Government to undertake to do the same things?

Mrs. LEATHERBEE. Yes, sir.

Mr. RAYBURN. It is quite a different matter.

Mrs. LEATHERBEE. Yes, sir.

Mr. RAYBURN. On the question of suffrage, do you think that, fundamentally, there is quite a difference between the Federal Government saying who shall vote in the locality or the local government saying who shall vote in that locality?

Mrs. LEATHERBEE. I certainly do.

Mr. REYBURN. So do I. You believe in compulsory education, do you not?

Mrs. LEATHERBEE. Yes, sir.

Mr. RAYBURN. So do I. But you would not be in favor of the Federal Government passing that sort of law, would you?

Mrs. LEATHERBEE. No, sir.

Mr. HAWES. I gather from all you have said, that your objection to this bill is because there is an undefined power placed in a commission.

Mrs. LEATHERBEE. Yes, sir; that is true.

Mr. HAWES. That is first, and then the giving of national control over matters that have heretofore been controlled exclusively by the State?

Mrs. LEATHERBEE. Yes, sir.

Mr. HAWES. But you are not opposed to the general objects?

Mrs. LEATHERBEE. Nobody could be opposed to anything that would save maternal and infant lives.

Mr. HAWES. If this bill could be properly amended to meet those objections, your association would withdraw its objection?

Mrs. LEATHERBEE. Our association could never withdraw its objections to any interference with State rights and local self-government.

Mr. HAWES. But if it were to be amended so there would be no such an interference?

Mrs. LEATHERBEE. How could it be?

Mr. HAWES. It could be amended so that the United States Government could furnish statistics, general information, and instructors for the local agencies, and the local agencies could then come under the direction of the State control board.

Mrs. LEATHERBEE. They are doing that now. The Public Health Service is sending out circulars.

Mr. HAWES. You have no objection to that?

Mrs. LEATHERBEE. None at all. That is a very helpful service that the Public Health Service is rendering in sending out those circulars, because the circulars that the Public Health Service is getting out have nothing in them except medical matters. They are professional papers written by men of professional education, and they carry no propoganda of any kind whatever. They are plain statements.

Mr. HAWES. You understand, of course, that if the United States Government takes statistics in Arkansas and Massachusetts, and compares the two, and then sends that comparison to the State of Missouri, it is valuable to the people of Missouri.

Mrs. LEATHERBEE. I do not know; I presume so, but the United States Census does that.

Mr. HAWES. On the whole question of hygiene, and matters relating to this subject, if the information were properly disseminated to the State agencies, even if it were accompanied by lecturers and instructors, there could be no objection to that?

Mrs. LEATHERBEE. No, sir; not if those lecturers were professional men. Without speaking for my association on that, I personally would say that the work now being done by the Public Health Service in regard to bubonic plague, and in sending out experts to give advice to chambers of commerce, and that sort of thing, is something which everybody should commend; and if the Federal Government will restrain itself to the dissemination of statistics gathered through the Census Bureau in regard to maternity matters, infant hygiene, etc., and if the Public Health Service will send out its circulars in regard to prenatal care, etc., that would be considered advisable.

Mr. HAWES. Do you think that the Children's Bureau is doing excellent work?

Mrs. LEATHERBEE. Do you ask my personal opinion?

Mr. HAWES. Yes, madam.

Mrs. LEATHERBEE. I would rather not answer.

Mr. HAWES. Theirs is now a work of instruction?

Mrs. LEATHERBEE. I presume so.

Mr. SANDERS. Mr. Hawes asked you something about the plans for carrying out this work. You think that those plans should be made by the different State organizations, do you not?

Mrs. LEATHERBEE. I do not exactly understand that.

Mr. SANDERS. You think that the plans for carrying out this work could be made by the different State organizations?

Mrs. LEATHERBEE. I think they could be prepared by the local organizations in the cities and towns.

Mr. SANDERS. Do you think it is an unreasonable provision, when the Federal Government is appropriating money, to provide, as it does in this bill, that these plans shall be in conformity with the provisions of this law, and reasonably appropriate and adequate to carry out its purposes? Do you think that is an unreasonable limitation?

Mrs. LEATHERBEE. I do not know what that phrase, "reasonably appropriate and adequate to carry out its purposes," means. There is no standard provided here.

Mr. SANDERS. Don't you think that the Federal Government should stand by and allow these local organizations to decide on the plans, and, if the plans be appropriate and adequate, approve them?

Mrs. LEATHERBEE. I think the Federal Government should leave the local community to run this business itself. The different health commissioners and different health departments have meetings at various times, and they consult one with another. They tell what is being done in one city in another, and it is to be supposed that if a plan works successfully in one city, it will be adopted by another city where the conditions are similar.

Mr. SANDERS. According to your opinion, do you think it would be better to provide in the law what the plans shall be in the various States?

Mrs. LEATHERBEE. I think it would be better not to have any law at all on that subject.

Mr. SANDERS. But if we do have a law, do you think it would be preferable to leave the plans to the States, rather than have the plans made in the law?

Mrs. LEATHERBEE. I think, if it is necessary to have any law, that all the power possible should be given to the local authorities.

Mr. LEA. If the Federal Government appropriates large sums of money for carrying on this work, then will it not logically follow that the Federal Government should exercise a large degree of control over the expenditure of its own money?

Mrs. LEATHERBEE. Well, of course the Federal Government's money comes from the States.

Mr. LEA. It comes from the Federal Treasury.

Mrs. LEATHERBEE. Yes, sir.

Mr. LEA. Congress will be responsible for its expenditure, and, in providing it, do you not think that it is the duty of the Federal Government to exercise a large degree of control over its expenditure?

Mrs. LEATHERBEE. If the law appropriates money for a specific purpose; yes, sir.

Mr. LEA. As I understand you, in speaking of the things that do not appear in the bill you have in mind the practical operation of this law through the years to come?

Mrs. LEATHERBEE. Yes.

Mr. LEA. The demands to be made upon the Federal Treasury and the logical demands that will be made upon the Federal Treasury through Federal control.

Mrs. LEATHERBEE. More and more appropriations constantly.

Mr. LEA. If the Federal Government should largely support this effort in the future, it should largely control it; does not that follow?

Mrs. LEATHERBEE. Naturally.

Mr. LEA. And that is largely what you regard as the vice of this law; that is, it ultimately calls for Federal control if we are going to have Federal support?

Mrs. LEATHERBEE. Yes, sir.

(The committee thereupon adjourned until Monday, July 18, 1921, at 9 o'clock a. m.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Monday, July 18, 1921.

The committee met at 9 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. Gentlemen of the committee, if you will kindly come to order we will proceed with the further consideration of H. R. 2366. The chair will ask Dr. Humiston, of Chicago, to appear before the committee.

STATEMENT OF DR. CHARLES E. HUMISTON, PRESIDENT OF THE ILLINOIS STATE MEDICAL SOCIETY, CHICAGO, ILL.

The CHAIRMAN. Doctor, will you kindly give your name, your residence, and any representation which you may have, and then proceed in your own way? Will you care to be interrogated as you go along?

Dr. HUMISTON. Mr. Chairman and members of the committee, my name is Charles E. Humiston; my home is Chicago, Ill. I am the president of the Illinois State Medical Society, and I appear before your committee in my official capacity representing the wishes and the declared attitude of the State society, and, likewise, I come as a citizen of Illinois to convey to you the attitude of the people of that Commonwealth on this particular bill. I am also authorized to represent the Civic Federation of Chicago. I trust I may be pardoned if I confine my remarks, or endeavor to, to the bill now under consideration. I wish to say in the beginning that the title of this bill meets the hearty approval of every right-thinking person. We have no quarrel with the object of this bill, but we do have with the method which it sets up.

I do not know to what extent I may be permitted to encroach upon your time. I desire to be brief and shall attempt to be so, and I would like to be interrogated not here and there through the few remarks I shall attempt to make, but rather when I have, in a measure, finished what I wish to present, if that is agreeable.

The CHAIRMAN. Quite so.

Dr. HUMISTON. First of all, as to the people of Illinois represented in the general assembly. The legislature which has just adjourned had introduced therein a number of bills—three, I believe, at least, having a direct bearing on this so-called Sheppard-Towner bill and the legislature rejected them. I know of no way, aside from a referendum, of getting at the sentiment of the people better than through the acts of their accredited representatives. The Illinois State Medical Society, of which I have the honor to be the president and chairman of its legislative committee, has time and again taken action on matters of this kind, and definite action on this particular bill, in that it antagonized it in the legislature of our State.

Now, the reason of this—and I do not wish to be misunderstood or cross-examined with the idea in view that the medical profession in any way antagonizes the purpose; it is this bill which we wish to meet. There are a number of very definite reasons why the Illinois State Medical Society, comprising more than 7,000 members, is opposed to the terms of this bill. One of them is because it uses the practice of medicine as a doorway for the central government to invade the police power of the States under which the medical practice acts of all States are had and operate. This bill interferes with the practice of medicine for this reason: It appropriates money for the instruction of the people of the various States in hygiene, in maternity and the welfare of babies. That of itself is doing indirectly what our form of Government forbids to be done directly, supervising the practice of medicine, which is delegated, or really belongs, to the States. It does it in this way: The money which, of course, is collected from the States, as we have no other way of getting money in this country except by taxation, and the people pay it, the money which is available and the funds which are to be had under this law can not otherwise be had by the different States until the proper body in the State complies with the terms laid down by the Children's Bureau in the Department of Labor.

Now, that practically says to Illinois, "If you wish any of this money to spend, make your terms to suit us. If the terms do not suit, you can not have it." The argument is advanced, if you do not want it do not take it. That I would not object to if it would also say, "If you do not want this money, you need not pay any taxes into this fund." We can not help being taxed—and I wish to say right here, in passing, that further taxation is perilous to the condition of things in this country. I travel somewhat widely and meet many people, and I find that the attitude of the public is sullen, resentful, and suspicious. The people feel that they are being overtaxed, that their money has been wasted, and they resent anything that looks like more taxes at this particular time. That is an observation which I have made and which I dare say, you will not dispute, and which, in a measure, I feel personally.

The activities contemplated by this bill I believe to be 95 per cent medical. The economic and the other sides which have been emphasized are entirely secondary and obscure. The mother and the prospective mother with her new babe need the best scientific instruction, not merely nontechnical instruction. I do not mean to say they need not have nontechnical instruction, but the kind of instruction that those mothers need is of the highest order, technical, and where would you look for that except among those who have dedicated their lives to acquiring and giving that kind of instruction?

I would say that from the testimony given—and I have just gone through about 80,000 words of testimony, and I am glad it is called testimony instead of evidence—presented before a committee in the Senate, and very little of it has a direct bearing on the terms of this bill and its application; but that testimony presented which on the face of it appears to be most nearly convincing consists of statistics from the health department of New York City. The representative, an employee of that department, made effective use of the showing made by the health department and by the public

health nurses. The credit is due, of course, somewhere; but it is not due to such a great extent, or to any great extent, to the health department or to the nurses, as such but to the medical profession, which has dug out and developed this knowledge. The department of health and the nurses applied the knowledge which they gained there.

The oldest baby welfare center in the world is in a country for which our young men made the supreme sacrifice. Twenty-six or 27 years ago it was established, and it still exists, or others like it, in that country which we all love and are willing to fight for, and have been fighting for, a country in which the people are past masters of the game of avoiding parenthood and where the death rate exceeds the birth rate, where this baby welfare station has existed for 27 years. In that country where the first one was established, they have a death rate of babies of 140, almost double that of a city in this country comparable in size. Now, I am not going to charge that welfare center, nor that instruction, nor the public health nurses, nor the doctors connected with it with the responsibility for the loss of babies in that country or for the avoidance of motherhood, as has been suggested before this committee, or at least before the Senate committee. I have as much right, however, to charge those results which follow as the heath department of New York City has to claim so great a degree of credit for their activities; but I would be just as unfair, and I do not mean intentionally unfair on the part of these representatives of the different interests and municipalities. I charge no unfairness and detect none anywhere, but I believe there is a prejudice. I apply the simple rules of evidence. I believe it is prejudice and can not fairly be attributed to the nurses nor to the teachings.

This is a medical question, and it is supervising the practice of medicine in the different States through a Children's Bureau in the Department of Labor, that this bill provides. That is why we object to it. We object to this—and when I say "we" I mean the doctors of Illinois, and I might just as well say the doctors of the American Medical Association in this wider sense, because at their meeting in New Orleans a year ago a resolution was passed by the house of delegates condemning every form of State medicine. Direct action on this particular bill has not been taken, I regret to say. I regret to say that a chance was not afforded at the Boston meeting. It was a serious oversight on my part as a member of the house of delegates that I did not introduce a resolution against it, but if I live until the meeting in St. Louis in 1922, and if there is any use, and I think there will be, of introducing such a resolution, it will be there for action next year by the American Medical Association.

Now, we object to placing the practice of medicine or any part of it under the supervision of a lay board. We object to any form of State medicine, whether it is this or any other, and that answers the question you might ask, if we amend it thus and so. We are opposed to this bill, root and branch. It is wrong in principle. The Central Government has no proper activity in this field. We object to this excursion into socialism. It is not only advice with reference to hygiene that this question covers; that is, the question of the mortality of mothers and their babies. It is as much a question also of food and raiment. The bills from foreign countries referred to and quoted provide something very similar to that; I take it this is the opening wedge for the same kind of benefit in this country. While the amount of money here may not seem large it is small for the purpose, too small to accomplish the object, but it is a beginning. It will never be smaller. If it were brought up to the ideals of the sponsors of this bill it would be $1,000,000,000 or more instead of $1,480,000.

A doctor in Illinois is not able to practice in Indiana unless he is licensed by that State; neither can he go into Virginia until Virginia bestows upon him the right to follow his lifework. I think we have a right to complain of that, but under our form of government it must be so. The doctors are licensed by the several States. The General Government can not license a doctor to practice in the other States.

Statistics have been quoted more or less effectively. The fact is that this case rests upon the showing made by such statistics. I wish to take issue with the statistics. The statements made by the proponents of this bill are unjustified. We have not statistics that are reliable to base any such positive statements upon, and to show how they vary, when this bill was written the mortality of babies was 100, but before the sponsors of the bill could get to it somebody else found that the same authority—the census—shows only 87. Reliable statistics can not be had. They ought to be available. Our birth registration areas should be developed. This might help some. I would not object to that effect, but the side effects which should be taken care of by the States and which are being taken care of by the States vary much overshadow that one effect. Forty-five of the States have passed enabling liegislation for better birth registration. It is being taken care of by the States, and it should be, and the medical profession asks that you contribute your decision to seeing that it continues to be

taken care of there. We ask the committee to hand this question back to its proper parents, the States; this baby question, which we love better than almost everything else in the wide, wide world, we wish properly taken care of. The admonition may be given to the States to take care of it better than it has been done. It is closer to our hearts than almost anything else, but we do believe that this bill will not go very far toward accomplishing the objects for which it is designed.

I could go on into details further as to why the doctors object, and show that visiting nurses responsible to authorities other than the doctors in attendance may and do cause friction, but as a physician, and I claim to be one of the kind that carries a grip, and to represent the rank and file of the medical profession, I come here to antagonize the views of some doctors from health departments whose compensation is money raised by taxes and whose work is within narrow limits. They are honest, but they are prejudiced. I do not blame them for wanting more money, and the health departments of the various States, where they have very little money, would like to see something more gotten probably from the Central Government; but States like Illinois, that pay more in taxes than they ever get back, have the right, on the same basis, to object.

The nurses would work under a lay director responsible to the bureau in the Labor Department here; indirectly responsible, but nevertheless responsible. Give me the power to say to the department of health at Springfield, through its children's department, "Make your regulations suit me or you get no money." I would inspect the regulations and would say, "Change this," and if it was not changed, no money would be forthcoming. It gives to the Children's Bureau absolute power over the health departments of the States. As a principle of law, you have no right to do by indirect means the very thing which is forbidden to be done by direct measures.

This is not a prepared speech. I have omitted many things that I could talk about, but I realize what you have had to listen to, gentlemen; I realize that this is the most widespread and popular lobby that probably has ever visited this city. Every employee about the Government buildings of whom I made inquiry where I might go to find this committee, when I mentioned the magic words "maternity," said, "Oh, maternity," and knew right away where to send me. It is talked about everywhere. I agree with the sentiment that makes people talk about it, but I ask you, gentlemen, in the name of the people of this tax-ridden, groaning population, not to saddle any taxation further upon the people at this particular time, and, certainly, do not do it under a bill of questionable value and one which those in position to know the most about it are opposed to; and 95 per cent of the doctors of this country, I believe, as a fair estimate, are opposed to it.

Mr. SANDERS. Doctor, as a matter of fact, the American Medical Association, after considering various resolutions that were introduced, finally came to this resolution, did they not:

"*Resolved by the House of Delegates of the American Medical Association*, That it approves and indorses all proper activities and policies of the State and Federal Governments directed to the prevention of disease and the preservation of the public health."

Dr. HUMISTON. It did. It adopted that very thing at Boston. Dr. M. L. Harris, of Chicago, worded that resolution, and the question was asked, Why not have that in the negative and say that we do not indorse anything except those activities strictly covering the general purposes of hygiene, sanitation, etc., such as the prevention of yellow fever and the great accomplishments which this country through its Department of Public Health and the Surgeons General of the Army and the Navy have accomplished, but Dr. Harris said, "I prefer to state a thing in the affirmative rather than the negative," and that is why it stands in that way. I was there and helped to pass that resolution. It was in response to resolutions from five States, Illinois, Michigan, New Hampshire, Massachusetts, and New York, in which the terms used varied very little, all denouncing every form of governmental activity either by subsidizing health centers or anything like it. It was aimed to put the different States on record against any form of health insurance or compulsory health insurance or health centers subsidized by the State or National Governments, and it certainly included things like this.

Mr. SANDERS. As a matter of fact, the resolution does not condemn anything, does it? It approves and indorses activities and policies, amongst others, of the Federal Government, directed to the preservation of the public health, and also in the same resolution, the prevention of disease, so that it goes not only to the prevention of disease but the preservation of the public health.

Dr. HUMISTON. That we indorse, but I claim this bill is outside of what that resolution comprehends. I helped to pass that resolution and I know what it means and I know what the house of delegates meant when they passed it. It was a com

promise trying to cover the ground and to get something of that kind through. It did not contemplate this or anything like it. It is, however, very indefinite.

Mr. SANDERS. This is what I find in the official news organ of that body. I am going to skip part of it and read only the part that refers to this:

"The committee has very carefully considered the various resolutions, etc., has given free hearing and careful attention to those interests, and has carefully considered the same and begs to report as a substitute for all resolutions the following," and then follows the resolution which I just read, which is not a condemnation of any activity of the Federal Government, but is a specific indorsement of the activities and policies directed toward the preservation of public health, and this was in June of 1921.

Dr. HUMISTON. I know; I was there and I am willing to admit it was a sort of straddle getting out of a very embarrassing situation, because there were members there, representatives of the health departments of several States, whose names I need not mention, who were on these committees and who were in favor of these things, and there was more or less of a compromise, but if you wish to introduce that at all, there is an editorial in these records from the Journal showing the policy of the Journal. Please go back another year to New Orleans where every form of State medicine is unqualifiedly condemned, and this I claim to be one form of it.

Mr. SANDERS. As a matter of fact, at the New Orleans meeting, about a year ago, they undertook to pass a resolution condemning this bill and the resolution was not passed; is not that a fact?

Dr. HUMISTON. I have not heard of any such resolution. The one I am speaking of did pass. Unfortunately, I was flat on my back in bed and was not able to be there and I can not give you first-hand information, but I know they did pass the one I refer to.

Mr. JOHNSON. Mr. Sanders, what were you reading from?

Mr. SANDERS. I was reading from the Journal of the American Medical Association, a report of the meeting——

Dr. HUMISTON (interposing). Of the house of delegates at Boston in June, just passed?

Mr. SANDERS. In June, 1921.

Dr. HUMISTON. I would like, if they are not in the record, to have those editorials put in. There are two of them in the Journal showing the policy of this organization. I will not say who wrote them, but they are from the editorial department.

The CHAIRMAN. Do you wish to enter those editorials as a part of your testimony?

Dr. HUMISTON. Yes. There are two editorials.

The CHAIRMAN. Can you identify them?

Dr. HUMISTON. They are not in that particular Journal. I would like to look up the files of the Journal and get the citations.

The CHAIRMAN. Can you furnish them to the committee?

Dr. HUMISTON. I can do that; yes, sir. Here is one of them.

The CHAIRMAN. Will you read it?

Dr. HUMISTON. I will leave it with the committee. It is already in the record of our Senate committee proceedings.

(The matter referred to is as follows:)

"FEDERAL CARE OF MATERNITY AND INFANCY—THE SHEPPARD-TOWNER BILL.

"As announced in a recent issue, the Sheppard-Towner bill, providing for the 'public protection of maternity and infancy,' passed the Senate December 16. In the House it was referred to the Committee on Interstate and Foreign Commerce, which on January 25 reported it out with several amendments. The bill, as it now stands, appropriates $1,480,000 annually for 'promoting the care of maternity and infancy in the several States; to provide instruction in the hygiene of maternity and infancy;' and for 'making such studies, investigations, and reports as will further the efficient administration of the act.' It authorizes the Children's Bureau to form an advisory committee consisting of the Secretary of Agriculture, the Surgeon General of the Public Health Service, and the Commissioner of Education. The bureau is authorized to expend 5 per cent of the appropriation for administration purposes, to pay $10,000 annually to each State for administration expenses, and to apportion the remainder to the States in proportion to their population, provided each State appropriates an amount equal to the amount it receives. In any State having a child welfare or child hygiene division in its State health agency, the State health authorities shall administer the act. The State health authorities shall submit to the Children's Bureau a detailed plan for administration and 'for instruction in the hygiene of maternity and infancy through public health centers, consultation centers, and other suitable methods.'

"All will agree that the objects sought, namely, the care of maternity and infancy, and instruction in the hygiene of maternity and infancy, are in the highest degree commendable. There can not be too much knowledge or too much instruction of the right sort on such vital subjects. There are, however, serious objections to the methods proposed.

"The bill provides funds through the apparently popular method of Federal State aid, i. e., the approporation of a large sum of money from the Federal Treasury to be prorated to the various States, provided the State appropriates an equal amount. Bills are now before Congress providing similar methods for the development of physical training, for improvements in education, for the treatment of venereal diseases, and for other projects, all good in themselves, but activities which belong to the State and local authorities. It is not strange that this method has become popular with those who have pet measures to advance. It has the advantage of simplicity. It is only necessary to induce Congress to appropriate a certain sum to be divided among the various States.

"This prospective grant is then used as an inducement to the States to appropriate equally large sums. The advocates of this plan apparently regard the Federal Treasury as an inexhaustible reservoir, entirely overlooking the fact that such increasing appropriations will necessitate heavier Federal taxes to be matched with heavier State taxes, all of which must be paid eventually by the common citizen. That the so-called Federal aid plan is economically unsound has already been pointed out by some of our leading financial authorities.

"Another objection is centralized administration. How would the proposed plan work out? Some State, say Minnesota, would receive $10,000 for administration expenses, with its additional pro rata, probably $30,000 in all, provided the legislature appropriated $30,000. This would give the State department of health $60,000 for maternal and child welfare. Splendid! But it could not expend this sum, one-half of which is its own money, until its plans had been approved by the Children's Bureau in Washington.

"The care of mother and child is a State and local, not a Federal function. All will agree that every mother and child should receive proper care. So should every mother and child receive suitable nourishment. But it is not the function of the Federal Government to provide either food or care. There are certain public health functions which are clearly national in character; others which should be performed by the State; and still others which belong to the local government. As pointed out by Dr. Billings in this issue, the rational method of providing proper care for the individual is through voluntary self-taxation of voters in a political unit to pay for the necessary local facilities for the prevention of disease and the promotion of health. While this may seem slow as compared with the more popular plan of securing an appropriation from Congress, it is the method by which our public health machinery in this country has been developed, and is the method which will yield the most satisfactory results in the long run.

"THE SHEPPARD-TOWNER BILL.

"As stated in our news columns, the Senate Committee on Education and Labor, May 20, reported favorably on the Sheppard-Towner bill. This bill, considerably amended, now provides for the appropriation of $1,480,000, $10,000 to be paid to each State and $1,000,000 to be apportioned among the States in proportion to their population, no part of the prorated amount to be paid until an equal sum shall have been appropriated by the legislature of the State for the purposes provided for in the act. The Children's Bureau is made responsible for the administration of the act; the chief of the Children's Bureau is directed to form an advisory committee consisting of the Secretary of Agriculture, the Surgeon General of the United States Public Health Service, and the United States Commissioner of Education. Not more than 3 per cent of the total appropriation may be used for administration expenses. Any State desiring to avail itself of the benefits of the act must submit to the Children's Bureau a detailed plan for instruction in the hygiene of maternity and infancy through public health nurses, concentration centers and other suitable methods. To meet the objections of the advocates of personal liberty, an amendment provides that no State official or agent or any of the employees of the Children's Bureau shall have the right to enter any home over the objection of the parents. The report of the committee is practically the same as the report of the Senate committee on the same bill in the last session of Congress. It repeats the statement that the United States stands seventeenth among civilized nations in its maternal death rate; that most of this loss could be prevented by proper prenatal instruction, and that the bill has the unanimous approval of women throughout the country. As stated in a previous issue, the

Journal does not favor this measure, since: (1) The principle of Federal State aid as a means of financing public health work is an unsound financial policy; (2) public health work, except those activities which are clearly national in character, is essentially a function of the State and local government and should be paid for out of State and local funds; (3) no such emergency exists as has been claimed, and there are no reliable statistics by which it can be proved that the United States stands seventeenth in maternal death rate; (4) the means provided in the bill will not afford an effective remedy for existing conditions, and (5) and most important, if the Federal Government intends to inaugurate activities for the care of maternity and infancy or for any other public health measure, such work should be placed in the hands of the United States Public Health Service rather than under a bureau of the Department of Labor."

Mr. MAPES. Doctor, can you specify a little more in detail in just what way you think this bill would invade the jurisdiction or province of the medical profession?

Dr. HUMISTON. Yes, sir. This bill, in order to apply to a State at all, specifies that the Children's Bureau shall make specific rules which must be complied with. In other words, the health departments, or the children's departments, in the various States must obey the rules of a central power here in Washington. I would make the further statement that this is a medical question, and, consequently, it can not be separated, because, whatever the supervision, it is there just the same, it is a supervision over what is done in the State, over what is done, for instance, in Chicago.

Mr. MAPES. Your notion would be that whatever supervision the doctor must have should be through the public health officials of the State?

Dr. HUMISTON. It should originate in the States, just the same as the license and everything else concerning the practice of medicine.

Mr. MAPES. Is it your notion that this bureau would have any control over the individual practititioner?

Dr. HUMISTON. With an employee responsible to this bureau, indirectly but responsible all the same, visiting the same patients as I visit as a physician, I think it would be interfering with my business.

Mr. MAPES. Under the provisions of this bill, will any one be compelled to visit your patients?

Dr. HUMISTON. No, sir; they are not compelled to send someone, and neither am I compelled to make calls when I am sent for, but the fact of the business is, this subject is so intensely interesting, being the biggest thing on earth, where there is anything of this sort done, women will seek information. They ask their neighbors for information. Of course, there is need for this sort of instruction, but it should not come from any but competent sources.

Mr MAPES. Do you recognize any field between no instruction at all and that which the patient gets through employing an individual doctor?

Dr. HUMISTON. I am not quite clear as to what you mean.

Mr. MAPES. Do you recognize that there is anything to be done for the general public or for the expectant mother that can not be done except through the individual doctor?

Dr. HUMISTON. Certainly; there are proper activities for the Department of Public Health, under whatever name it is operating. There are proper activities for them, and the medical profession is perfectly willing to cooperate with them. Then, there are points of natural antagonism. There are points of instruction that are bound to meet. Doctors can not have everything they want in the practice of medicine, and the public health authorities here and there must encroach upon them. Certainly there is a place for this instruction, but what we object to is that the Children's Bureau takes over health matters bodily and undertakes to supervise a question which is essentially medical, and which, without medical knowledge back of it, makes the supervision worse than useless.

Mr. MAPES. Perhaps I have asked this question in a different form: Do you think that this bill, or the provisions of this bill, would apply to those people who are able to have and who do have a family physician, or who employ a doctor?

Dr. HUMISTON. I can only gather the purpose of the bill from the way in which it is written, just what those people who got this bill up had in mind would have nothing whatever to do with its application. It says in section 10 that anybody who asks for it can have this assistance, and that means that the whole population is free to share in its benefits, if it has any benefits. I do not understand that it is limited to poor people or to people who have no physicians. It is a fact that well-to-do mothers will go to these baby centers and get information which they do not assimilate or understand—information that they are not competent to understand, and they often take issue with the family doctor. Now, it may be that sometimes they are right, and have better information than the family doctor can give, but, for the most part, they are

wrong, and there is strife stirred up by the center. I claim for the practice of medicine, for the medical profession, that it has a right to exist under the very best conditions, because we are all interested in that, and whenever the practice of medicine becomes in any way impaired through legislation or other means the country is bound to suffer.

Mr. MAPES. Are you opposed to those infant centers or clinics?

Dr. HUMISTON. If you will pardon me for confining my attention to this bill——

Mr. MAPES (interposing). My question was asked because of the statement you made that women who could afford doctors went to the centers and got notions that were in conflict with the views of the doctors.

Dr. HUMISTON. Yes, sir; and my knowledge of that comes from the officials of a medical body that has to adjust and adjudicate those things. Where they are under the supervision of the local medical profession, those things are smoothed down and properly taken care of. When those things are taken care of by public-health nurses, who are responsible all the way back to the city of Washington, or to the General Government, the local medical authorities would not have anything to say, except to get out of the way of the steam roller.

Mr. MAPES. You do not say whether or not you are opposed to the centers.

Dr. HUMISTON. I am opposed to the centers which this bill provides. Now, if you want my private opinion about other things, I will give that to you privately, but I am now talking about this bill, and we are opposed to it for the reasons I have given.

Mr. MAPES. I do not care about getting your opinion upon anything upon which you do not care to express it, but you have expressed an opinion on the centers that now exist. If you do not care to express an opinion, I will not ask you to do so.

Dr. HUMISTON. Let me answer your question: I have been a medical teacher for many years, and I hold the chair of professor of clinical surgery in the University of Illinois. We maintain dispensaries at places where we give out this kind of information, and I do approve that. I help it out in my feeble way.

Mr. MAPES. You object to anyone doing it except through the medical profession?

Dr. HUMISTON. Yes, sir; I do. I will be perfectly frank with you about that. If you say it is the practice of medicine, then I say that I believe the practice of medicine belongs among the licensed medical fraternity, or whoever the States, through their representatives, care to license. They are best qualified to do it and should be permitted to do it. Everyone else should be required to take orders from that source. If there were no other objections to this bill, I would object to putting maternity matters, for sentimental reasons, under a department which originally was created to investigate the condition of children in industry. I would object to putting it there for sentimental reasons solely because the head of that bureau happens to be a woman, and upon the theory that it is a woman's question. It is no more a woman's question than it is a man's question. I, as a father, have six extremely good reasons for being particularly interested in this question, namely, Margaret, Homer W., Ruth, Charles Edward, jr., Helen, and Baby Jean. I have as much interest in them as has their mother, the most divine woman I know on the face of the earth.

Mr. MAPES. I think it would be generally conceded that it would be desirable for an expectant mother to have a doctor, and that doctor would probably take care of her, but do you think that the medical profession as a whole is very prone to impart information even to their patients?

Dr. HUMISTON. Precautions against what—babies?

Mr. MAPES. Precautions in the way of doing what they should do when preparing or getting ready for the baby.

Dr. HUMISTON. I would be ashamed of any member of the medical profession who would not be glad to impart any useful and wholesome information to any woman under those circumstances. The medical profession stands for that, it has been in favor of it, and is doing it.

Mr. MAPES. That is your own experience.

Dr. HUMISTON. That is my observation, and it has not been very limited, either. The organized medical profession, the American Medical Association, has distributed more than 3,000,000 pamphlets on the subject of maternity.

Mr. MAPES. I understood you to say that you were in favor of the purposes of this bill. Is that correct?

Dr. HUMISTON. For the protection of maternity and infancy, and that is where I stop. That is stated as the purpose of the bill. I take issue with the way in which it is contemplated that is shall be done. I am in favor of leaving this to the States, where it belongs, and I say that this bill ought to be killed in the committee, or, if it must come out, it should be put to sleep at the bottom of the calendar.

Mr. MAPES. You say that you are in favor of giving protection to women and infants. In just what way would you do that? Would you leave it entirely to the private initiative of the medical profession?

Dr. HUMISTON. I would leave it to the State to provide charity for those who require it, and I would leave the practice of medicine to the practitioners of medicine, and when those instrumentalities fall short in any State, let the State devise other ways. I think there is coming to be more and more publicity of information in health matters, and that is a very proper activity. There is more and more publicity from medical quarters and from medical sources, as I have already stated. We are progressing in that respect, and no doctor who is worthy the name of physician objects to having an intelligent patient instructed.

Mr. SWEET. Let me see if I understand your position: As I understand you, the matters involved in this bill are wholly matters for the medical profession?

Dr. HUMISTON. Ninety-five per cent I gave as the figure, and I am willing to stand on that. That shows the preponderance of it.

Mr. SWEET. That applies as well to the State as to the Federal Government?

Dr. HUMISTON. The States are not owned and controlled by the physicians, but the physicians are the creatures of the State. The State retains its authority to deal with them as it pleases.

Mr. SWEET. I realize that, but I am trying to get at your thought in regard to this matter, not so much your position on the bill itself, but your view as to the whole situation from a medical standpoint—that is to say, instead of having a separate organization, you believe that it should be a part of the medical administration of the State.

Dr. HUMISTON. That states it very well. Without attempting to define what part of it could best be handled by the State through State employees, I agree with your statement of it. That is what I am trying to say.

Mr. SWEET. Your position is that whatever instruction goes out should, in fact, emanate from and be under the supervision of the medical profession. Your conclusion is that whatever instruction is sent out or whatever education is imparted should be by well-defined methods under medical supervision?

Dr. HUMISTON. Practically so. I believe that any medical instruction intended for the public as a whole, and which applies interstate to the whole country, and which is a matter between the States and is national in character, should be taken care of by the Federal Department of Public Health, instead of by the Children's Bureau or any other bureau under any department; but I believe that essentially all of this belongs to the State, and such part of it as can best be administered or done by the State should be done by the departments of health in the various States.

Mr. SWEET. In other words, your position is this: That whatever instruction is given by nurses, or by those who have not been properly licensed by the State, should, in fact, be under the supervision and direction of the medical profession?

Dr. HUMISTON. Yes, sir; by the municipal health authorities, or State health authorities, the heads of which are doctors.

Mr. SWEET. That is, in order that the information that is given may be correct and along proper lines, the information should come from the profession and not from nurses or others who have not made a life study of the question or subject. Is that your position?

Dr. HUMISTON. I think that the best is none too good for anyone under such circumstances and the medical profession is the source of our best information. I have had something to do with the education of nurses for many years, and I have the highest regard for what they know and do, but they are not the best persons to give technical information, and this is a technical subject, despite the fact that the bill says something about its nontechnical nature. I am frequently asked questions that I am unable to answer, and naturally so, but I can come nearer to answering them than the nurse who has been listening to my lectures for a time, and some of them are likely to be Public-Health nurses a little while later. I believe that any doctor who is worthy the name can give better and safer advice and instruction of a medical nature to prospective mothers than can Public-Health nurses. Some one may have to help those women, those poor women, with their babies—that is, advice how to feed them, how to wash them and put on their clothes, and in not a few instances somebody must furnish the clothes for the child's body where the parents are very poor. Now, where will you stop? Do you wish to legislate and appropriate moneys to supply the needs of those children? Then, let us buy flour, sugar, meat, and provide fresh air for those poor mothers. Let us take care of the housing conditions and all the economic questions. Those economic questions are powerful elements. It is not just a question of medicine. That being true, why use medicine as an excuse to invade the police power of the States, when the medical part is taken care of better than most of those other things?

Mr. SWEET. I presume you have read the testimony, or heard the testimony, in regard to the conditions in the city of New York and as to what is being done there. Would you say that that is being conducted in a proper way?

Dr. HUMISTON. If you will qualify that word "proper," I will say that they are doing very good work, having in mind the conditions. If that is what you mean by "proper," I say yes; but if you mean that they are not making mistakes, that they are not wasting effort, that they are not doubling on their tracks, etc., I want to qualify it a little. I believe that the health departments of all the large cities are doing good work. I know they are. The issue I take is with the proposition that the good results they are obtaining are any indication of what would be accomplished for the rest of the country if you should pass this bill. There is no parallel between the two things at all.

Mr. SWEET. Your view of it is that the nurses and other agencies should be subordinate to the medical profession in imparting advice and knowledge in regard to the objects set forth in this bill?

Dr. HUMISTON. I do. I do not recognize the so-called nursing profession as a profession, pure and simple, but nurses are assistants to the medical practice in its proper and wide sense. They are carrying out orders, and if you permit nurses to act on their own initiative, then they are practicing medicine, which is in conflict with the laws of every State. I know that they are inclined to do that.

Mr. SWEET. In the city of New York, I believe, they are in a sense considered to be a profession.

Dr. HUMISTON. In that ordinary sense, I say that druggists belong to a profession. I do not want to split hairs in making these distinctions, but they are not an independent profession. They have a part in it under the direction of somebody else, whose instructions they are following out. Now, if this bill is carried further, and if it were put under the head of the Children's Bureau, where would they go for their information? They would have to hire doctors. Now, the practice of medicine is an intensely personal thing, and it can not be made anything else. So far as the science of medicine is concerned, it is general, but the application of medical principles to an individual in medical practice is a personal thing. It is an art, and the State is no artisan. It can not do it, and will never learn to do it. There are some great questions of hygiene and sanitation, such as are involved in the handling of yellow fever and malaria, that are proper activities of the Government. Those are questions of hygiene and sanitation. The treatment of the sick is a matter for the medical profession. Now, if a woman is not sick she does not need instruction from that source. There has been some mention here of advice in regard to albuminuria. I would like to know how a Public Health nurse is going to know much about the treatment of eclampsia. If you know of any that can do so, then I would like to hear some of her lectures on the subject. I do not understand that complication of pregnancy very well, but I am satisfied that the medical profession knows more about it than any nurse and is better qualified to give advice in regard to it than any nurse would be in passing it to a woman who scarcely understands the English language.

Mr. DENISON. Of course, the expenditure of funds by the State governments for health purposes is commendable, is it not?

Dr. HUMISTON. Yes, sir; as an abstract proposition, certainly it is.

Mr. DENISON. What do you think of the propriety of the Federal Government contributing a certain amount of money to the different States as a means of encouraging contributions by the States, and, at the same time, not retain the right to dictate control of the expenditure of the money, but leave that to the State? What do you think of the wisdom of that plan?

Dr. HUMISTON. I can not conceive of the contribution of money by the Federal Government for the encouragement of the States, because the Federal Government has no money except as it raises it by taxation. It has to get its money from the people of the States. It can only get its money by taxing the people, and it is not getting something for nothing. I can not see any parallel between this proposition and Federal contributions to good roads and agricultural needs that have been encouraged in that way. I can not see any parallel between those things at all, but I do see the injustice of taking away $10 from the State of Illinois and giving $4 of it to some other State that does not pay hardly anything. I do see the injustice of that as an economic proposition.

Mr. DENISON. If that State that you refer to does not spend any money or contribute any money for the purpose, do you not think that the Nation should take cognizance of that fact from the standpoint of not doing anything to help the people of a State who will not help themselves?

Dr. HUMISTON. I think that the guide to the activities of the Congress of the United States is well laid down in the Constitution, and if these activities come within the lines there laid down, then it can not be gainsaid that they should be done, but when it comes to doing it in the way which I think is contemplated in this bill, then I think I should raise my voice against it.

Mr. DENISON. I am not trying to get at that, or as to what this bill does. You seem to take exception to the fact that the Federal Government should take control through this bureau and have the right to make the aid granted the State conditional upon the State accepting the terms imposed by the bureau. Now, suppose the Federal Government should simply make an appropriation as a matter of encouragement to the States to induce them to make similar appropriations, without retaining any control over the manner in which the funds are to be expended. Do you think that would be commendable, or would it be subject to criticism?

Dr. HUMISTON. I can not conceive how you could do that without maintaining some sort of control over the money that is contributed, and that means some sort of political machinery. If you want to make the State of Illinois a present of $100,000 to do what it pleases with, I would not think much of that as an action of Congress representing the people of the whole country. If you give $100,000 to the State of New York, there is bound to be some sort of restriction attached by which you can see that the money is not wasted. I do not believe that a supposition like that is tenable, and I can not answer it. If you mean to say that it is a good thing, and that the Government can put up money for it from somewhere so that it shall not cost anybody anything to get it, then, I would like to have some of that myself. I would like to have some of that to go home on, if it were not going to hurt anything or anybody. I do not want to treat your question lightly, but I can not see that that could be done. I do not see how you could give money to the State for any purpose without assuming the obligation to see that the money is spent properly. I believe that there is complaint all over the country that money raised and expended by Congress has not been expended advantageously in every case. I believe that those criticisms are not justified all the time, but I know that those criticisms are being repeatedly heard.

Mr. DENISON. The State Medical Society of Illinois has gone on record on this particular bill, has it not?

Dr. HUMISTON. Through their activities and resolutions in the house of delegates the whole energy of the association has been directed against it. They were instrumental largely in defeating senate bills introduced by Mr. Glacken, which would have accepted the provisions of this bill.

Mr. DENISON. As I remember, last year, when this bill was under consideration, I received a copy of a resolution passed, according to my recollection, by the State medical society disapproving this bill.

Dr. HUMISTON. I was afraid you were about to ask me for a copy of those resolutions. I did not come here armed with statistics and resolutions for submission to the committee, but I am willing to send you anything that I can supply.

Mr. DENISON. Am I right about that, or did they pass a resolution?

Dr. HUMISTON. They have repeatedly done it. I do not know which one you have reference to, but there is no question about the attitude of the medical profession in Illinois on this bill.

Mr. DENISON. What did the Glacken bill refer to?

Dr. HUMISTON. Those bills were senate bills. They were maternity bills on this proposition. I do not know that these are the right numbers, but, if I am not mistaken, they were numbers 10, 223, and 134. Whatever their numbers, however, there were several of them, and as fast as one was squelched in committee another one would bob up. One provision in them was that if such a bill as this should be passed by Congress, the Department of Public Health of Illinois could take advantage of the funds. It was an enabling act to take advantage of the money that would be available under this bill.

Mr. DENISON. Do you know the reason why they did not pass, or why they did not receive favorable consideration?

Dr. HUMISTON. Well, I can not give you all the motives. They were killed in committee, and upon about such an argument as I am endeavoring to present here. That argument was presented by Dr. Chapman, who happened to be present. That particular bill was killed in the committee right there, and they never did have any chance to pass it.

Mr. BURROUGHS. I understood you to say, in answer to Mr. Denison's questions, that you did not see any way by which this Federal money could be appropriated for this very commendable object unless some one on the part of the Federal Government, that is, some bureau or some person, should have the right to say whether or not it was being used in accordance with the provisions of the bill. Is that your position?

Dr. HUMISTON. My statement was that I did not understand that Congress could be expected, or really would have the right, representing the people, to appropriate money and let go of it, regardless of the purpose for which it was used. Under conceivable conditions it might be used to buy votes in the legislature.

Mr. BURROUGHS. Would you think it possible to have written in the bill certain definite conditions upon which or upon compliance with which money should be paid to the State, and upon noncompliance with which it should not be paid to the State, and thus not leave this whole thing to the discretion of any individual, whether he or she is at the head of the Children's Bureau, at the Head of the Public Health Service, or any other bureau? In other words, that it be a matter of law to be determined by the courts whether or not the State has fulfilled the conditions laid down in the act itself. Is that possible?

Dr. HUMISTON. That question is somewhat involved, but I do not believe it could possibly be done and still be right. Really I think that the only thing that could properly be done in changing this bill would be to strike out lines 1 and 2. I believe that the bill is intended by the people who got it up as one of the best of things, but I am convinced that it will fail of its purpose and that the net result will be more harm than good. Primarily and logically the Children's Bureau is not presumed to understand the question involved in this bill. I know the head of this department, and I admire her very much, and there is nothing personal in this at all.

Mr. HAWES. Doctor, do you know, approximately, how much the State of Illinois spends annually on its health department?

Dr. HUMISTON. I can not give you those figures, but they are readily available.

Mr. HAWES. Do they run into the millions?

Dr. HUMISTON. They run into large amounts, considering the amount of territory covered, and they are not given grudgingly by the legislature.

Mr. HAWES. And the amount that is spent by the State is supplemented by municipal health departments in all your cities, is it not?

Dr. HUMISTON. In the larger cities. In Chicago the municipal authorities do practically all of it; only a little of the State's fund is spent there, and for the most part the city of Chicago takes care of its own work.

Mr. HAWES. What I am trying to get at is this: Under this bill Illinois would be entitled to $10,000, and then to its proportion of $1,000,000, say, approximately, $30,000. The total amount Illinois would receive would be about $40,000. As compared with the total amount spent in Pennsylvania, it was $40,000 as against five or six million, and I wanted to know what the proportion would be in Illinois?

Dr. HUMISTON. I have not the figures and I would have to do a little mathematical calculation here. We are almost as large a State as Pennsylvania.

Mr. HAWES. I want to know what portion of national control would be given over the health service of a State where the Nation invests $40,000 and the State invests from $5,000,000 to $6,000,000.

Dr. HUMISTON. I think that question is parallelled by this statement: What is the size of the camel's nose in order that we may know what it will be when it gets its body into the tent. This is the opening wedge. Who suspects that $1,000,000 will carry on this work when it gets started? Who ever heard of an activity of this kind that did not expand? Are not the words billions instead of millions already in the testimony that has been presented here? It is the beginning we are trying to fight. If you pass this thing with 1 cent to be donated by Henry Ford for each State, I would still object to it.

Mr. HAWES. Doctor, you and I will get along faster if you will follow my questions.

Dr. HUMISTON. I thought I was answering it.

Mr. HAWES. If in Illinois there is the same ratio as in Pennsylvania, it will be about 1,000 to 1 of State money as against national money. In section 8 of this bill the direction of State control is to be left to a board or to some officers who are not yet appointed, and they can make such rules and regulations as they desire, which are not written in this law, and with a national investment of $40,000 seek to control a State investment of $5,000,000 or $6,000,000?

Dr. HUMISTON. Let me straighten out your question, if I may. You are presuming that this bill says that this board, not yet appointed, may do as it pleases. This bill says it has to come up to the regulations of the department right in this city or it can not have any money to spend.

Mr. HAWES. Doctor, I am objecting to this bill in its present form because there are at this time no regulations and we do not know what they will be. We first pass the law and then this board writes the law so far as the regulations are concerned.

Dr. HUMISTON. If you have some valid objection to this bill that I have not heard of, I want to say Amen to it.]Laughter.]

Mr. SANDERS. Whether it is sound or not.

Mr. HAWES. I have one other question. In this maternity question, several witnesses have said that its causes are divided into three classes, economics, social, and hygienic, in which proportion, in your opinion, do each of these causes affect the total.

Dr. HUMISTON. I can only give you an opinion more or less off-hand. I had in mind what this bill is talking about, and that is nearly all medical. I do believe there is a very large part of influence affecting maternity and child bearing and child rearing, that is a matter of dollars and cents, clothing and food, and houses and a roof to keep the rain out, and fuel to keep them warm, and proper dwellings to prevent overcrowding and to keep them from communicating disease in ways which they would not do if they had enough room to sleep; if they did not have to sleep, many of them, five or six in a room, or five or six in a bed. Those are economic conditions. I do not understand that this bill at present offers any money to relieve those conditions, but I do suspect and have more grounds than a mere suspicion, that it is the forerunner of funds to give to the family and is fashioned after the laws in other countries where they do that.

Mr. COOPER. Just on that point, are you opposed to that, Doctor?

Dr. HUMISTON. If that were in this bill, I would be opposed to it. I am opposed to anything that leads in that direction. This bill involves the practice of medicine.

Mr. COOPER. But does it involve the practice of medicine? Just a moment ago you said that undoubtedly there was a social question involved—the clothing of the child and looking after the comfort of the mother, etc.—and then you said, "Where is that going to lead?"

Dr. HUMISTON. That remark was prompted by the question of money coming up all the time and what a very insignificant amount it was and how much of taxes will have to be distributed. Now, I ought not to go into that, probably, as I should confine my remarks to the medical features of this bill, which is nearly all of it.

Mr. COOPER. Can you show me in this bill any provision which would permit the Federal Government to have supervision over $5,000,000 which the State of Illinois might contribute to this work.

Dr. HUMISTON. This fund is to be distributed and expended through existing functions of the Government already established, either its Children's Bureau, if it has one, or one appointed by the governor if the legislature has not provided anything and does not meet in 1922. In other words, it interlocks the expenditure of the money with established departments of the State government, and I do not see how you can separate them.

Mr. COOPER. Perhaps I did not make myself quite plain. You say that if the State of Illinois contributes $5,000,000 to this work and the Federal Government contributes $40,000, you contend that the Federal Government will have entire jurisdiction over the expenditure of that money under this bill.

Dr. HUMISTON. Of the other $5,000,000?

Mr. COOPER. Yes.

Dr. HUMISTON. No; but the Federal Government will influence it profoundly.

The CHAIRMAN. Mr. Hawes, had you finished?

Mr. HAWES. Yes; except I apprehend I have not understood the gentleman. My estimate regarding the appropriation of Illinois was excessive. I believe it is only about two and a half million dollars, but so far as the $40,000 would go from the United States Government, it would be given under a set of rules and regulations prepared by the national department, and it would run in the ratio of $40,000 to $5,000,000 or $2,500,000, and my objection, Mr. Cooper, is that the regulations are not written into the law. We do not know and we can not know unless written in this law.

Mr. COOPER. You do not contend, though, Mr. Hawes, that the Federal Government would have entire jurisdiction?

Mr. HAWES. Oh, no; I mean that its $40,000, if its regulations are accepted would affect the expenditure of the $2,500,000 or the $5,000 000.

The CHAIRMAN. Doctor, I would like to have you elaborate a little more the answer which you gave to a question asked by Mr. Cooper to this effect, as I understand it. Would the Federal Government under this bill through an appropriation have any control over the expenditure of the larger sum of money that might be appropriated by the State for its work? I will try to make my statement and then let you answer as you will. If the State of Illinois having a standard of its own and rules and regulations according, for the purpose of administering such a department in Illinois, should appeal to the Federal Government under some like conditions as those set forth in this bill, and in their rules and regulations should embody some principles which were not agreeable to the Federal control here, it might be that the Federal control here would say, "We will not give you any money." might it not?

Dr. HUMISTON. I do not understand that the Federal Government has everything to say about the expenditure of any money, except what is appropriated by the General Government.

The CHAIRMAN. If you will follow me through now, we will save time, and you can answer me as broadly as you will.

Dr. HUMISTON. I want to answer you directly.

The CHAIRMAN. If the State of Illinois comes for its share of money to the Federal board, whatever it may be, and presents, as provided in this bill, regulations, plans, etc., not agreeable to the Federal board, the Federal board may refuse to give them money, may it not, up to that point?

Dr. HUMISTON. It specifically says so.

The CHAIRMAN. Then, the natural step would be for the Federal board to say, "We must modify your plans so and so, and if you do we will give you the money." That would be natural, would it not?

Dr. HUMISTON. Yes.

The CHAIRMAN. Then the State of Illinois, if it should take any money from the Federal Government, is obliged, you have admitted, to change its plans, and by so doing it may have fallen short in its ideas of the way to administer this kind of work.

Dr. HUMISTON. Well, to separate those two——

The CHAIRMAN (interposing). Kindly follow me.

Dr. HUMISTON. I am trying to.

The CHAIRMAN. I asked you, if, in the expenditure of money of the Federal Government, the State of Illinois would not then be obliged to follow to the letter the plans set forth here in Washington, whether Illinois believed that they were the best plans or not?

Dr. HUMISTON. Most assuredly.

The CHAIRMAN. That is the answer. If they operated, then, under this law, and took any money from the Federal Government, the State of Illinois would have to abandon any plan which it thought was the best plan in order to get the money. That you will agree to. Now, if they do that, why does not the ruling of the Federal Government control the entire outlay of the States own appropriation however large in the administration of this work?

Dr. HUMISTON. In effect, that is the way it would work out. That whole department of maternity and child welfare would be run in accordance with rules laid down here, in order to get the money. They would not have two plans of spending their own and the Federal Government's money. What it would amount to in effect would be direction and supervision by this bureau of all the activities that had to do with this particular subject.

The CHAIRMAN. It would put the Federal Government in the position of appropriating, as Mr. Hawes suggested, $40,000 of Federal money as against $2,500,000 of State money, and insisting that the Federal Government should control the whole matter.

Dr. HUMISTON. It would have that effect.

Mr. HOCH. Are you opposed or is your association opposed to the dissemination of information, either by bulletin or through public health nurses or otherwise, relative to prenatal care or the care of infants, whether it be by the State government, the Federal Government, or by the municipal government? As a matter of principle, are you opposed to the State furnishing information upon matters of that sort?

Dr. HUMISTON. No, sir. My association is not opposed to the dissemination of information; in fact it is quite actively engaged in the dissemination of such information; but not quite so broadly as your question puts it, because when you say through the State, National Government, municipality, public-health centers, or otherwise, I can easily conceive of a mischievous sort of dissemination of information.

Mr. HOCH. Provided it is proper information, it is all right, is it not?

Dr. HUMISTON. As a doctor, I am asked again and again the question of whether a baby ought not to be permitted to grow a little older before another shall come along. I have no notion that this bill provides for that sort of instruction, but that sort of question will be asked.

Mr. HOCH. I am not talking about any improper information. I am talking about proper information, whether given by the doctor or whether it comes through public sources of information. I want to get at your fundamental attitude. I want to know whether, as a matter of principle, doctors think that the State—and when I say the State, I use the term in its generic sense—has any business to to be furnishing information, and by that I mean proper information with reference to prenatal care or with reference to the care of children; or should that be left entirely to the medical profession?

Dr. HUMISTON. No, sir; I think that the medical profession should do its best. When you say "proper information," of course I am in favor of proper information, as a medical man, and I think all of us are, whatever its source.

Mr. HOCH. You are opposed to the Government, either State, municipal, or Federal, giving any information upon this subject, because you are afraid they will give some improper information? Is that your attitude?

Dr. HUMISTON. Do I understand——

Mr. HOCH. That question is perfectly plain. That is certainly a simple question. I want to get at your fundamental attitude in regard to the dissemination of information of that sort.

Dr. HUMISTON. The Department of Public Health should disseminate information that is useful to the people, and that information of a medical nature should come through medical channels. It should be made available to the people. Does that answer your question?

Mr. HOCH. Not entirely. Do you think that the work being done in New York City, to which reference has been made, is a good thing or a bad thing?

Dr. HUMISTON. I think it is a good thing. If you want to ask me more particularly, however, about the specific activities of these different agencies, I could answer you better in regard to the work nearer home, in Chicago. I think it is quite similar to the work in New York.

Mr. HOCH. Let us stick to that question. If it is a good thing in New York City, what becomes of your argument that the State or city should not take part in the dissemination of this information and in the doing of this work?

Dr. HUMISTON. The question lies right here, and I am not taking issue with this question that New York City can do any of those things. New York City should do those things that are proper for her to do, but these are not proper functions of the Federal Government.

Mr. HOCH. That is what I want to get at. I want to know whether you hang your opposition solely upon the proposition that it is not a function of the Federal Government, or that it is not a function of government at all. It seems to me that the most of your argument here has been directed against the proposition of any government, whether State, municipal or Federal, doing this work, and it appears to me that the reasons you have advanced in that regard against Federal action would apply with equal force, so far as the philosophy of government is concerned, against the work being done by any governmental agency, whether, for instance, by the city of New York or the State of New York.

Dr. HUMISTON. As an abstract proposition, that applies, but this is a concrete form of government that we are working under. My objection is not to the objects of this bill, but to the means which are used to accomplish them through the General Government. It should be under municipal or State departments of health within certain limits. I would place under those departments not the practice of medicine but sanitation and hygiene. I believe in doing all of those things. I would not leave all of that to the individual doctor, because the State has a duty to perform there. It is a well-defined duty.

Mr. HOCH. On proper activities in sanitation and hygiene?

Dr. HUMISTON. Yes, sir.

Mr. HOCH. Do you think there is anything to fear from the State encroaching upon the domain of the profession?

Dr. HUMISTON. Yes.

Mr. HOCH. You do approve the activities of the public-health services in some lines?

Dr. HUMISTON. In some lines, but not in all. We want to cooperate with the departments of public health, but we have to check them up. When they go to practicing medicine, we want them checked, because the State can not do that nearly as well as the medical practitioner. We object to the State practicing medicine, but we want to cooperate with the State in matters of sanitation and hygeine, and instruction in maternity is very properly a part of the instruction to be given by the State department of health. However, it is a State function. That is what I am asking for here. The details of this we can take care of in our own State.

Mr. HAWES. I think your answers to questions propounded by Mr. Hoch have cleared up some of the confusion in my mind. I want to ask you two questions, to which, I think, you can answer "yes" or "no." If you can not, of course, you can extend your remarks. Are you in favor of State and local dispensaries for the care of the sick?

Dr. HUMISTON. No, sir; not for the care of the sick.

Mr. HAWES. For the care of the sick who are not financially able to take care of themselves?

Dr. HUMISTON. Of charity medical attention; yes, sir.

Mr. HAWES. You are in favor of public hospitals, are you not?

Dr. HUMISTON. Yes, sir; I am.

Mr. HAWES. Your objections to this bill, then, are two—first, because it is national control as against State control. That is one thing.

Dr. HUMISTON. Yes, sir.

Mr. HAWES. And, second, that, because 95 per cent of the questions involved in maternity are hygienic or medical questions, the direction should be given by competent physicians. That is your second objection?

Dr. HUMISTON. Yes, sir.

The CHAIRMAN. Are there any further questions, or do you care to enlarge upon any of your answers?

Dr. HUMISTON. I think it is clear enough from what I have already said.

(Thereupon, the committee adjourned until to-morrow, Tuesday, July 19, 1921, at 9.30 o'clock a. m.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Tuesday, July 19, 1921.

The committee met at 9.30 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. We will proceed with the hearings on the Sheppard-Towner bill. Before calling any witness I would like to read a message which was clearly intended to be presented here yesterday by Dr. Humiston. This message is from the Civic Federation of Chicago, is signed by Douglas Sutherland, secretary, and reads as follows:

"CHICAGO, ILL., *July 18, 1921.*

"Hon. SAMUEL E. WINSLOW,
"*Chairman Committee on Interstate and Foreign Commerce,*
"*House of Representatives, Washington, D. C.*

"In appearing before your committee against Sheppard-Towner bill Dr. Charles E. Humiston will represent the Civic Federation of Chicago, as well as Illinois State Medical Society. We have opposed successfully similar Illinois legislation as unnecessary and are concerned over tendency to extend Federal subsidies to local governments as unsound fiscal policy, leading to extravagance in local governments, demands for increasing Federal aid, and greater tax burdens. Please let Humiston read this."

The Chair will call upon Dr. George W. Kosmak, of New York, to present his views on the bill.

STATEMENT OF DR. GEORGE W. KOSMAK, NEW YORK CITY.

Dr. KOSMAK. Mr. Chairman, I represent the American Gynecological Society as a member of its committee on maternal welfare. I am the editor of the American Journal of Obstetrics and Gynecology. I have served as attending surgeon to the lying-in hospital of the city of New York for 16 years. I have devoted myself entirely to the practice of obstetrics and gynecology.

Mr. Chairman, I feel in contrast to the speaker who preceded me yesterday, that I must begin my remarks with apologies rather than concluding them that way. I have not the gift of oratory that Dr. Humiston displayed. I am a practitioner of medicine and have devoted myself entirely along those lines, rather than those of sociology or of medical politics. It is for that reason, Mr. Chairman and gentlemen, that I want to confine myself as much as I possibly can to the strictly medical features of this bill as they interest us as physicians, and I trust, if you care to question me, that you will please confine your questions to that particular side of the matter, because I will not be in a position to answer the financial or similar questions that were directed to the speaker on yesterday.

Now, I might preface my remarks by taking up the subject of what has caused the introduction of this bill. Is there any real need? What are the factors which demand a measure of this kind, or, in other words, a recognition by the National Government of a need for better maternity care? Now, like the speaker of yesterday, I have no quarrel with the desirability of providing all mothers or prospective mothers, or those who have been mothers, with better attention, at least in many parts of the country, than they have hitherto received. The responsibility for providing such attention, it seems to me, rests largely in the hands of the medical profession, and I can not, as a member of that profession, see any necessity or desirability for turning it over to lay persons. It appears that the demand for a measure of this kind rests largely on statistics of birth rate, morbidity, and mortality rates, which have been published by various countries, and I beg to call your attention to the fact that in comparing our United States statistics with the statistics of foreign countries, prewar figures have been largely made use of. For example, the German figures are often quoted in comparison with ours, and it is stated that the mortality and morbidity rates among pregnant women in Germany is much less than in the United States

It is claimed that the complications of pregnancy of an avoidable nature, such as convulsions or eclampsia, are much less in Germany than they are in the United States. The same thing is claimed for Switzerland and the same thing is claimed for the northern countries of Europe. I desire, however, to call your attention to the fact that not only were these statistics derived from prewar periods but they are gathered in countries in which the population is of a homogenous character, in which government supervision is carried out to an extent that would not be tolerated in the United States. Moreover, were those countries subjected to the same factors upon which we are compelled to base our statistics an immediate change in the picture would take place.

Referring again to Germany, I also desire to call attention to the fact that during the war, when the women of Germany were subjected to entirely different conditions as to food supply, etc., than they were previous to the war, the incidence of eclampsia or convulsions as they are popularly called, immediately declined, so that, where during previous years three women out of a definite number developed convulsions, during the war only one woman developed convulsions. We must suppose that during this particular period the various supervisory functions of the government certianly were diminished, as Germany had concentrated her entire attention upon winning the war, and not upon saving a certain number of women from developing eclampsia.

Now, I am not bringing forward that point, not to controvert the good opinion which has been developed in favor of prenatal care, etc. As physicians, we can not deny that prenatal care has succeeded in reducing the morbidity and mortality in childbirth to a large degree; but I want to call your attention to the fact that there are other very important matters that enter into the question, and that it is not fair for us in this country to base our arguments on statistics that can not be fairly or favorably compared with statistics which under the stress of war time and different circumstances become materially altered.

Referring again to Germany, which seems to be the fountainhead of all that has been done in this direction, it might be well to consider just why these restrictive and helpful measures were introduced. They were developed in the early part of Bismarck's régime as German chancellor, when he instituted the various health and insurance measures which were prevalent throughout Germany and which found their expression in the so-called "Krankenkassen," not for any artruistic purposes, but simply to have in his hands all the knowledge which it was possible to gain of the economic condition of the German working man. Through the institution of such "health" measures, a firm grasp on the middle and lower classes was obtained, the medical profession was subjected to a process of slavery, and the final result in the case of this "super-state" is known to you all.

Therefore, as a physician, I do not believe that the problem under discussion can be solved by legislative enactments, or that the law is a short cut to reform.

In connection with the presentation of these statistics I might call attention again to the large amount of misinformation which has been spread—I do not know and I can not say by what means—as a propaganda measure in favor of this bill. The question has been attacked by those who favor the bill largely from the sociological standpoint, and I regret to say that the medical profession as a whole has not been consulted in its construction. I am also ashamed to admit that the medical profession has not taken its proper stand in insisting upon being called to enter its own opinions in this matter. That, however, is a question that I do not think you would be interested to have me dilate upon further.

The argument is usually made that women are back of this measure; that they want it, and want it for their own protection. Now, we as men can not deny but that women must be given a certain and a very important position in regulating their own welfare, be that social, economic, or medical, but we would like to suggest to women that they at least accept our opinion as physicians as to measures that must be at least 95 per cent medical in their interest, and only 5 per cent social or sociological.

I find that a great deal of the support which has been generated among organized women in their clubs and various other bodies has been obtained, I regret to say, under false pretenses. The subject is brought up, for example, in a local women's club by a speaker who is thoroughly interested and imbued with the idea that something of this kind must go through; the women are made to believe that something for the benefit of their own sex and of their children should not be denied to them by the men of the Nation, but the more important features connected with a measure of this kind, the carrying out of which will contribute to its success, are not brought before them for proper consideration. In consequence, we have developed during the last year or so a certain sentiment among women who are opposed to this measure, and which I think you gentlemen ought to recognize. That is to say, not all

the women of this country are in favor of this bill, and I venture to say that a great many of them if they better understood what was back of it would change their opinion and withdraw their support.

To me as a medical man the bill seems very vague in everything but its title and the financial features connected with it. I can not for the life of me understand why a measure which is so largely medical in its aspects should be placed under the domination of a bureau which is not concerned with medicine as a science at all. Medicine is not an industry; it is a science—at least, we are trying to make it so. It has been an art for a great many years, but when you consider the advances which are being made in medical research, you must realize that we are gradually placing medicine on a scientific basis, and it is not, I beg to inform you again, an industry.

We doubtless feel that a great deal has been done through channels that are now working to secure better maternity care. A great deal has been done to reduce morbidity and mortality among pregnant women, and we believe that this has been done largely through local efforts. It has been done through the interest which is generated in local communities to better their immediate surroundings without external assistance, either in the form of money or in the form of dictation.

Undoubtedly in the development of a scheme for improved maternity care a bill of this kind will do some good. I am not narrow-mined enough to deny that some benefit may be secured from this measure, but is that benefit sufficient to warrant surrounding the particular matter in which we are interested with what I regard as unfortunate features? They are unfortunate, I believe, because they will restrict the development of this particular branch of medicine. A strictly medical matter which is turned over in large part to laymen to execute will soon become overburdened with the lay features connected with such supervision. That has been very well demonstrated to me in my personal experience with an association in New York which has concerned itself with providing better maternity care for women who are unable to provide it through lack of financial means. This organization from small beginnings has grown to be a very important factor in medicine in New York, in hospital medicine. It has done a great deal to improve the prenatal state of many women who would not otherwise come under the benefits of such knowledge. I have found, however, within the last year or two that over one-third of the expenses of that association went into the collection of most elaborate statistics based on the knowledge that has been gained by the visiting nurses and by the doctors who were connected with this organization. After this statistical knowledge was obtained, which was undoubtedly of great value, a succeeding budget contained a request for exactly the same amount of money to keep this up. In other words, the strictly medical benefits derived from the work of this organization were becoming gradually subordinated to purely sociological features, to such an extent that it was deemed necessary to close two of the substations in this association in order to provide possible funds for the furthering of the sociological investigations.

Now, gentlemen, we have arrived at the stage, it seems to me, where economy should dictate our expenditures in medical charities, and we should not be asked to give up to sociological studies money which is needed in a more practical way to contribute to the comfort of these women whom we seek to aid. There are plenty of statistics. There is no need of going any further. We know, we acknowledge, it is an accepted fact, that proper supervision of the pregnant woman will reduce her chances of getting into trouble. Now why spend more money in elaborating that particular thing?

I feel that the example which I have quoted will be reflected in the larger work which it is proposed to do through the medium of a department contemplated in the bill, which will become national in scope. I feel, gentlemen, that the work relegated to such a bureau or department will become burdened with a mass of sociological experiments that will interfere with the carrying out of the essential medical provisions of a measure that it may be, and probably is, extremely essential.

Mr. PARKER. Is that society that you just mentioned in New York a private charity or a public department?

Dr. KOSMAK. It is a private organization.

Mr. PARKER. Supported by contributions?

Dr. KOSMAK. Yes; and which I regret to say supports the Sheppard-Towner measure because of the misunderstanding to which I have alluded in the beginning of my remarks. So that I, as one of the medical directors, am speaking against my own lay associates in this matter. It is very difficult for a medical man to confine himself to the strictly medical features of a measure of this kind in addressing a lay audience, because they are of such a character that it is difficult to interpret them in a proper way, and you must pardon me, therefore, if, notwithstanding what I said at the beginning, I do come back to those aspects of the bill which are more or less lay

in character. And I want to refer in this connection to the question of centralized administration in administering a movement of this sort. As physicians we believe that this is entirely wrong. We base our objections on what has been done through the medium of other centralized agencies which we think have been a bar to medical progress.

We believe that these measures can be carried out much more satisfactorily through the medium of State agencies, or, perhaps better yet, local organizations directed through State agencies, than they can through any centralized Federal bureau which will develop a hold on the execution of such measures by local agencies that it will be very, very difficult indeed to control.

Gentlemen, in connection with the centralized control of medical matters I might call your attention to the working of the narcotic drug commission in the State of New York. In response to a demand fathered largely by lay organizations, a commission was appointed by the governor to take over the entire question of control of the narcotic drug situation in the State of New York. A very elaborate commission of seven members and any number of clerks, etc., was organized and functioned for a period, I believe, of less than two years, because it was deemed that their functions overlapped or interfered to a large extent with the Federal laws in the matter, and also prevented the physician who practiced medicine legitimately from serving the best interests of his patients. It was entirely useless because there was no need for any further restrictive legislation in this field. The doctor was compelled to register, in addition to being registered under the Harrison act, in the narcotic drug department of the State of New York. He was prevented from prescribing, even if his judgment dictated otherwise, more than a certain amount of opium for the relief of pain or for other conditions that might call for it; and in consequence the patients suffered, because many physicians simply rebelled at being compelled to observe such restrictions after the State had given them a license to practice.

I might call your attention to the fact, gentlemen, that the medical men of the country who busy themselves with obstetrics, that part of medicine which is directly concerned with this measure, are almost to a unit opposed to this measure as it stands at the present time. I need only call your attention to the resolutions passed at the June meeting of the American Gynecological Society. This is the representative organization of this particular specialty in America, and disapproved of any form of legislation of this character administered through a minor governmental bureau, but in which resolution it was agreed that if this sort of thing was desired it should be administered through a national department of health, or similar organization, without the financial and restrictive features proposed in the Sheppard-Towner bill.

Mr. TOWNER. Will you put that statement in the record, doctor?

Dr. KOSMAK. I will be glad to do so. Perhaps, Mr. Chairman, it might be well for me to read this. It is very brief:

"The American Gynecological Society, at its forty-sixth annual meeting held June 2 to 4, 1921, took the following action regarding the bill for the protection of mothers and infants commonly known as the Sheppard-Towner bill.

"This action of the society was taken, almost unanimously, after careful consideration of a report of its committee on maternal welfare acting jointly with a similar committee of the American Child Hygiene Association.

"This society wishes definitely to state its position for the information of the medical profession and others who are interested in this legislative program.

"1. The committee is in thorough accord with the ends which this bill seeks to attain, namely, the protection of the health of mothers and infants.

"2. We indorse the coordination of all health activities under one head. We consider the protection of mothers and infants to be a health measure of paramount importance to the individual and the State.

"3. We oppose in principle the control of health measures by nonmedical individuals or boards.

"4. We believe in the local control of health activities as distinguished from Federal. We approve and indorse the idea of propaganda and investigation emanating from the Federal Government.

"5. We do not indorse the Sheppard-Towner bill in its present form because it does not conform to the above principles and because it embodies the questionable plan of subsidizing State health activities.

"6. We indorse the project of establishing a national department of health.

"GEORGE GRAY WARD, *President.*
"ARTHUR H. CURTIS, *Secretary.*
"GEORGE W. KOSMAK.
"FRED J. TAUSSIG,
"FRED L. ADAIR,
"*Chairman of committee.*"

There is one question that has been brought to the fore constantly in connection with this bill, and that is the supervision or the actual carrying out of the features of this measure by nonmedical persons in the form of nurses' organizations. Now, just as Dr Humiston stated yesterday, I as a physician desire to acknowledge my extreme debt to the nursing profession—and I want to call it a profession—for what nurses have done as the handmaidens of medicine I think I can safely say that medicine without nursing would go back 100 years in the march of progress, but we feel that what has been done in developing the nursing profession has been done entirely through the efforts of the medical profession, and I am sure it is in the mind of every medical man that nursing shall be developed as an accessory to medicine and not as a competitor.

Measures of this kind which throw the responsibility of deciding certain important things connected with the most critical period of a woman's life into the hands of nurses who, under the conditions, must be more or less supervised, must depend on their own resources, is a great mistake.

We feel, moreover, that turning over such important matters into the hands of what we still consider lay people, will act to the discredit of the medical profession and also as a bar to its development. Now, gentlemen, let me inform you that in this country with its population, I believe, as stated in the last census, of somewhat over 100,000,000 people, there are scarcely 150,000 physicians. If by legislative enactment you are going to turn over an important part of their work into the hands of nurses, into the hands of doctors who are employed by the State, you will at once interpose a stumbling block to the progress of medicine, because young men will not compete under those circumstances with trained nurses. Our medical schools are now insufficient in number; many of them are insufficient in their equipment to produce the number of physicians that are needed to take care of the health of this Nation, and unless the situation is improved in this respect, unless we make medicine more attractive to our young men, we will interfere with the accession of recruits to this very important profession.

Mr. JOHNSON. Mr. Chairman, is it the purpose of the committee to allow the gentlemen to conclude before he answers the questions?

The CHAIRMAN. He may suit himself in that regard.

Dr. KOSMAK. I would rather conclude, Mr. Chairman.

Now, gentlemen, I regret very much to state—and perhaps I will be contradicted, because this is a matter entirely of personal experience—that the nursing profession is undergoing a revolution which we as medical men find it very difficult to controvert. We are more than troubled in our hospitals now by the lack of trained nurses. We can not get a sufficient number of young women to take the preliminary courses which will fit them for this profession, and we are very much nonplussed to know the reason for this lack of young women willing to take up something for which by nature they are particularly suited, when the conditions have improved rather than otherwise in so far as their welfare is concerned. We find one reason in the fact that women find it more agreeable to engage in occupations that limit their working hours to eight a day. And the bill under discussion would open up thousands of positions of this kind. In other words, nurses are gradually becoming imbued with the idea of a restriction in the number of working hours with a maximum amount of pay that is now pervading a large section of our population, and we as physicians feel that once a nurse subjects herself to labor-union methods—I am speaking in a general way—she at once departs from the high standing which we have accorded her.

Now, I might ask you gentlemen what would happen if the doctors as a body should attempt to unionize their professional activities and say, as the nurses are doing now, "We will not work more than 8 hours a day; we will not work more than 12 hours a day?" We are on the job 24 hours a day at the present time, and I doubt whether the majority of nurses are or want to be.

Just a word in conclusion, and then I would be very glad, Mr. Chairman, to answer as best I can the questions put to me by the members of the committee. As a medical man who has been in practical touch with the obstetric situation through the medium of probably the largest maternity service in the United States, I feel that I am competent to speak on this subject and to allow my thoughts to be dictated by practical knowledge, rather than by theory. I say that, because it seems to me, as it has seemed to a great many of my associates, that the heart rather than the head has dictated welfare measures of this kind, and while that is a very desirable form of propaganda, I think that we ought not to give our entire attention to that phase of it. I believe that in providing any means which will benefit the health of our mothers we should take into consideration the strictly practical features of a measure. In other words, if we put over a bill of this kind, will it work? Will it do anything to

better the present condition which we as medical men have to acknowledge is not perfect but which we are trying to do the best we can to improve.

I am very thankful, Mr. Chairman, to have had the opportunity of presenting these few remarks.

The CHAIRMAN. I think, Doctor, that Mr. Johnson wants to ask you a question.

Mr. JOHNSON. No; I will forego my questions now.

The CHAIRMAN. Does any member of the committee desire to ask any questions?

Mr. NEWTON. Doctor, you mentioned taking issue with some of the comparisons made by Dr. Baker in reference to the mortality rates in Europe as compared with those in this country. Do you take issue with the figures? Do you claim that they are not correct, or do you claim that they are not a fair basis of comparison?

Dr. KOSMAK. I stated very distinctly, Mr. Newton, that I did not believe these figures were a fair basis of comparison. I can not take issue with the figures. They are printed in black and white. But you know you can do most anything you like with figures.

Mr. NEWTON. Well, some people can. I never was able to do very much with them. [Laughter.]

Dr. KOSMAK. I never was, either.

Mr. NEWTON. Now, you take the figures, the comparisons that you gave between Europe and America. As I gathered from your testimony, you said that the European figures were taken before the war. Is that correct?

Dr. KOSMAK. I said, with the exception, I believed, of England. England has some figures that have been taken since the war.

Mr. NEWTON. And that they were compared with American figures during the war?

Dr. KOSMAK. They were compared with all American figures, both before and during the war. I think we have very few figures taken during the war.

Mr. NEWTON. Of course, then, this country was not affected by war conditions as certain European countries were, and it would strike me as a layman that that would be a fair comparison, to take the Eueopean data preceding the war, unaffected by war conditions, and compare that with conditions in America preceding the war and during the war. That is the way it would strike me. Now, do you take issue with that comparison?

Dr. KOSMAK. May I be allowed to answer that question a little more in detail? I believe that if figures could be taken in this country to-day they would show an improvement over those that were collected before the war. In other words, I think it was in the year 1913 that we were put seventeenth in the list of nations as regards morbidity and mortality from childbirth. I am quite certain that if figures were available to-day we would not occupy that position, because I know that conditions have improved in those six years.

Mr. NEWTON. That is, conditions have improved in America?

Dr. KOSMAK. Yes, sir.

Mr. NEWTON. But, on the other hand, conditions have gone the other way in Europe?

Dr. KOSMAK. Yes.

Mr. NEWTON. So that would hardly be a fair comparison, would it?

Dr. KOSMAK. It would not.

Mr. NEWTON. So that, so far as figures are available, does it not seem to you that prewar figures in Europe are more comparable with present and prewar figures in America than what the present figures would be as compared with present American figures?

Dr. KOSMAK. Yes; I think so.

Mr. NEWTON. So that Dr. Baker gave the very fairest comparison that could be given?

Dr. KOSMAK. Now that Dr. Baker's name has been mentioned, will you permit me to call attention to the fact that the very great improvement in prenatal statistics that has been brought about in the city of New York has been brought about largely through Dr. Baker's bureau of child hygiene, developed as a purely local organization without the aid or dictation of State or Federal agencies? I think that Dr. Baker's statement, which I did not hear on this occasion, but which I have heard elsewhere, is the best argument that I might personally bring forward as an objection to this measure, because the community spirit in New York has done exactly what we would like to see done all over this country and done without outside assistance.

Mr. NEWTON. You and I are in entire accord on that. You agree, then, that the work as conducted by the local authorities there in New York has been efficiently administered and that it is a wise policy for the community to carry out?

Dr. KOSMAK. Yes; and it has been largely done, I might say, through strictly medical agencies. Dr. Baker is a physician and practically all—in fact, I might say

all—the people of the New York department of health whose work brings them into contact with this situation are medical men, and most of them have been in active practice.

Mr. NEWTON. Now, then, according to the figures given by her, the death rate among babies was reduced from 144 out of every 1,000 births to 85, which, of course, speaks for itself. Now there are a good many communities that have not taken up that work as New York City has. Certainly we are all interested in encouraging those communities that have taken up this work, are we not?

Dr. KOSMAK. Yes, sir.

Mr. NEWTON. Now, if I understand the purpose of this bill, the Federal Government is asked to make certain appropriations with the primary purpose of encouraging the States, then the localities, to take up this kind of work. Do you take the position that the Federal Government should in no sense encourage work of this kind by appropriating any money therefor?

Dr. KOSMAK. Personally I would object to that method of encouragement.

Mr. NEWTON. Why?

Dr. KOSMAK. I do not believe that the mere appropriation of funds, or that the imposition of rules and regulations on local developments of this kind will forward the cause in any way.

Mr. NEWTON. Of course that is a detail. That is with reference to the rules and regulations. The main question goes to whether or not the Federal Government in your judgment is warranted in expending any money for the encouragement of this kind of work in the community.

Dr. KOSMAK. Not locally. I do not believe that any 50-50 arrangement is going to work out. I think that the function of the Federal Government in a case of this kind should be largely advisory in character. I do not see why a similar arrangement can not be developed here as has been developed in other departments of the Government where no direct financial appropriations are made, where no direct supervisory control is exercised by the central authority.

Mr. NEWTON. Now we are a Nation, and the Nation itself has a vital interest, it seems to me, in every mother and in every child, because it is as a Nation that we must meet and compete with the nations of the world. We have got to take into consideration our producing power and man power. It is not only a local question, a State question, but it seems to me that it is in itself a national question. Now here is the Federal Government down here at Washington that sees a number of States wholly neglectful of this question; the very fact that there are certain States that have no reliable figures as to births is evidence of that fact. Now, with that problem facing the Nation, with its own interest as a Nation in the life of its individuals, you maintain then that the Nation ought not to encourage in these communities, by the appropriation of money, the reducing of the death rate both among the mothers and the babies?

Dr. KOSMAK. Mr. Newton, I maintain nothing of the kind. I believe that the Federal Government has a very important function in this matter, but I do not believe that that important function can be exercised through the medium of a minor departmental bureau. If this question is important enough, gentlemen, to demand the attention of this Government, then let it be administered in a large way, through a national department of health or similar organization, with a Cabinet officer at its head, which will at once give dignity to the movement and not detract from it.

Mr. NEWTON. Well, now, would you favor doing this work, the administrative detail, through a department of public health?

Dr. KOSMAK. That would not be necessary, Mr. Newton. The larger questions of advice could be given through the medium of a national department of health without interfering in any way with the local situation; just as is being done now in other departments.

Mr. NEWTON. You would restrict the activities of the Public Health Department purely to that of giving advice and not in any way to the expenditure of money itself in the different communities?

Dr. KOSMAK. You mean on a 50–50 basis?

Mr. NEWTON. Or any basis—a 100 per cent basis.

Dr. KOSMAK. Well, a 100 per cent basis I could not object to, no; because that, I think, introduces an entirely different question.

Mr. NEWTON. That is what I was getting at, whether you were opposed to the Federal Government doing anything or whether you were opposed to their going in jointly with the States and doing the work.

Dr. KOSMAK. I am opposed to any joint action in the sense of a joint financial support, because I do not believe that it will relieve the situation. I do not see how we are going to better it in the particular way that is advocated in this bill, because if

you will read it you will see that the entire application of the matter is left in the hands of lay persons, largely in the hands of visiting nurses who are controlled indirectly, I might say, through the Children's Bureau at Washington. Now I might say that I question very much whether many of our States would tolerate that. States in the Far West certainly have entirely different conditions to meet than those in the East. New York State, I am sure, would not be greatly benefited by an appropriation of $10,000 or $100,000 for this work, but I feel convinced that Nevada would be, but Nevada may not be able to raise that amount of money; therefore Nevada goes without the benefits that are put down in this act.

Mr. NEWTON. But don't you think that New York State would be immensely benefited by Nevada or any other three or four States that for the purposes of illustration we will assume are now neglecting these things, getting their work up on a par with that of New York? Do you not think that New York as a member of the Union would benefit immensely from that?

Dr. KOSMAK. Indirectly, I think they would.

Mr. NEWTON. Now, getting back to this question of the department of public health, then, I take it that with a department of public health, which Congress would appropriate money for and they would expend it themselves in the community, you would favor that?

Dr. KOSMAK. I would favor that in preference to this, because I feel convinced that the administration of an act carried out through a national department of health would be placed in different hands. It would not be carried out through the medium of a lay body; just as the health activities of the Government now are carried on through medical men and not through lay persons.

Mr. NEWTON. You say you would favor it in preference to this. Do you mean that you would not favor it otherwise, or if we are going to have something, you would prefer that in preference to this?

Dr. KOSMAK. I would not favor this; no. I would favor the national department of health.

Mr. NEWTON. But you do not believe even in a national department of health doing this work in the States and in the communities?

Dr. KOSMAK. Not by this means; no.

Mr. NEWTON. Do you by any means?

Dr. KOSMAK. No.

Mr. NEWTON. You would favor that?

Dr. KOSMAK. Yes. I might say that a national department of health would not attempt to carry out the work in this manner. They would resort to other means to do it, just as they have done in the past.

I might say that the Public Health Service is at the present time doing work of this character in another field. They are meeting certain local problems with the idea of developing the local agencies so that in time they will take care of themselves. But they do not say, "We will give you $1 for every dollar that you collect." They do not go at it in that way.

Mr. NEWTON. That is all I have to ask.

Mr. COOPER. Doctor, in section 4 you will find this proviso:

"That in any State having a child-welfare or child-hygiene division in its State agency of health, the said State agency of health shall administer the provisions of this act through such divisions."

What have you got to say about that?

Dr. KOSMAK. Well, I might call your attention, Mr. Cooper, to certain succeeding paragraphs. I must say that I am not quite familiar with the amended bill. This bill has undergone so many amendments that we outside of Washington have not been able to keep track of them, but it seems to me that elsewhere there is a direct statement to the effect that such sums shall only be appropriated provided these regulations meet with the approval of the Children's Bureau.

The CHAIRMAN. That is section 8, Doctor.

Mr. COOPER. But it does say that the State agency shall administer the provisions of this act, does it not?

Dr. KOSMAK. Yes; that is very true, but that is immediately controverted in another section by restrictive paragraphs.

Mr. COOPER. What special restrictive paragraphs?

Dr. KOSMAK. I would refer you to section 8, which reads as follows:

"That any State desiring to avail itself of the benefits of this act shall, by its agency described in section 4, submit to the Children's Bureau for its approval of detailed plans for carrying out the provisions of this act."

It seems to me that is very plain. Then it continues:

"These plans shall include the provisions to be made in the State for the administration of the act, the provision of instruction in the hygiene of maternity and infancy through public health nurses, consultation centers, and other suitable methods."

That is very distinctly stated, I think.

Mr. COOPER. That is all, Mr. Chairman.

Mr. HOCH. You have spoken forcibly, Doctor, against permitting any instruction on matters of this sort being given by lay persons. Do you regard the work done in New York City as work done solely by medical persons?

Dr. KOSMAK. I beg to call your attention to the fact that I said not done, becau e we have to have an immense amount of work done by lay persons. We can not avoid that, but the supervision and direction is in the hands of medical persons, and this act does not, as near as I can make it out, contemplate such supervision, because it puts even the medical authorities of the State, which may be delegated to carry out this act, under a lay board.

Mr. HOCH. Do you regard the work in New York City as in any sense contrary to the principles you have suggested here? Is it done solely by doctors, or is it done as a matter of fact very largely by others who are not doctors?

Dr. KOSMAK. It is directed by doctors. The actual visiting around in the tenements, of course, may be done by lay persons. You can not get doctors enough to do that. But the direction of that work is in the hands of physicians.

Mr. HOCH. If you thought, then, that this bill meant nothing other than the stimulation, the encou agement of communities and of States to do work in the same manner as it is done in New York City, you would not have any objection to it, would you?

Dr. KOSMAK. No, sir; but I do not see how it can be done through the medium of this bill. I am very frank in making that statement.

Mr. WEBSTER. Doctor, a moment ago you referred to some organization or society in New York dealing with the questions of child welfare and maternity care, and you said they had raised some money for the purpose of gathering statistics along those lines. Is that organization made up of both laymen and medical men?

Dr. KOSMAK. It is largely made up of lay persons.

Mr. WEBSTER. About what percentage of the membership is made up of medical men?

Dr. KOSMAK. Well, Mr. Webster, I am not prepared to answer that. It is an organization with a great many hundred members. I can not say how many. There are very few medical men in it, and the medical men who are members of the association are merely contributors to its funds. With the exception of the medical board, which consists of five men, there are no other medical men directly interested in the work of the association.

Mr. WEBSTER. Has this bill been presented to that association?

Dr. KOSMAK. Yes.

Mr. WEBSTER. And considered by it?

Dr. KOSMAK. Yes.

Mr. WEBSTER. And indorsed by it?

Dr. KOSMAK. Yes.

Mr. WEBSTER. By what percentage of votes was this bill indorsed by that association?

Dr. KOSMAK. There was no vote taken, as I remember it.

Mr. WEBSTER. Were you present at the time it was considered?

Dr. KOSMAK. I was present at some of the meetings. I do not recollect having been present when any vote was taken, no.

Mr. WEBSTER. Was there any substantial division of sentiment in the organization with respect to this bill?

Dr. KOSMAK. No.

Mr. WEBSTER. It was pretty nearly unanimous in favor of the bill, was it not?

Dr. KOSMAK. Yes, sir.

Mr. WEBSTER. Now a moment ago you read to us a resolution adopted by some gynecological society, and you stressed the fact that that organization was made up entirely of medical men.

Dr. KOSMAK. Yes, sir.

Mr. WEBSTER. In reading the resolution I failed to see any peculiar medical aspect of it. It seems to me that it is dealing with questions of policy, political questions in a broad sense, which could be passed upon just as intelligently by any organization of men, not doctors, as by men of that profession. What aspect of that resolution has any peculiar medical bearing?

Dr. KOSMAK. Well, the first section:

"The committee is in thorough accord with the ends which this bill seeks to attain, namely, the protection of the health of mothers and infants."

Mr. WEBSTER. That is a thing upon which any intelligent mechanic, farmer, or business man could express an opinion?

Dr. KOSMAK. Well, Mr. Webster, without going any further, permit me to state that it is impossible to divorce entirely a medical question from a lay question, because the laity are the people concerned.

Mr. WEBSTER. Yes.

Dr. KOSMAK. We can not establish ourselves in the position of dictators. We must have the cooperation and coordination of lay people, and we have no intention of placing ourselves on a pedestal without permitting the others to be gathered around us. We can not do that.

Mr. WEBSTER. No individual, Doctor, has more respect for your profession than I I was merely suggesting that with respect to general questions of policy and of government, no peculiar merit attached to the opinion of your profession. Now, the question of whether or not it is wise to provide for maternal care and the care of infants is not peculiar to any profession, is it? The wisdom of doing that?

Dr. KOSMAK. No, of course not.

Mr. WEBSTER. Now, then, read the next section.

Dr. KOSMAK (reading):

"We indorse the coordination of all health activities under one head."

Mr. WEBSTER. That is a question of general policy.

Dr. KOSMAK. Yes.

Mr. WEBSTER. Upon which any citizen could express an intelligent opinion wholly disassociated from any professional work.

Dr. KOSMAK. Naturally. [Reading:]

"We oppose in principle the control of health measures by nonmedical individuals or boards."

I think that is medical, is it not?

Mr. WEBSTER. Is that not a thing upon which any intelligent citizen might have a valuable opinion?

Dr. KOSMAK. I think if the question were asked of the average intelligent citizen he would probably say, "Yes, I would rather have a doctor take care of me"—I know I would—"than a lay person."

Mr. WEBSTER. Exactly. Now, the next section.

Dr. KOSMAK (reading):

"We believe in the local control of health activities as distinguished from Federal."

"We do not indorse the Sheppard-Towner bill in its present form because it does not conform to the above principles, and because it embodies the questionable plan of subsidizing State health activities."

Mr. WEBSTER. Now, Doctor, is your objection to this bill predicated, either in whole or in part, upon the idea that it subsidizes State activities along health lines?

Dr. KOSMAK. In part, yes.

Mr. WEBSTER. Well, if the Federal Government took it over as an undependent operation, as you have suggested, the Federal Government would have to pay for it, would it not?

Dr. KOSMAK. That would not be considered a subsidy, would it?

Mr. WEBSTER. What difference in principle would there be between the Federal Government furnishing the money itself or the Federal Government furnishing a portion of the money to be supplemented by a like amount supplied by the States?

Dr. KOSMAK. Well, as I understand this, Mr. Webster, that is not being done now in other cases. The Immigration Service is directed from Washington without any State interference or suggestion or coordination or cooperation.

Mr. WEBSTER. It is not apparent to me how the wholesome operation of a bill caring for mothers and children would be affected by the source from which the money comes.

Dr. KOSMAK. Well, I do not know that it would be, but it is the application of the funds and the method in which they are to be applied, and the conditions under which they are to be applied that we as medical men object to.

Mr. WEBSTER. Well, that departs altogether, does it not, from the question of subsidy, and goes to the question of how the money raised by subsidy shall be expended?

Do you not believe, Doctor, that we have reached the point in this Nation where it is the duty of the Government to take some appropriate action for the care of mothers and infant children?

Dr. KOSMAK. I do.

Mr. WEBSTER. And the differences that are existing between us at this time are differences of detail, are they not?

Dr. KOSMAK. Of method.

Mr. WEBSTER. As to how that end is to be achieved. So, whereas we may differ as to the methods to be employed, we do not differ as to the great fundamental question that the Government ought to take some intelligent action for the care of mothers and infant children?

Dr. KOSMAK. Yes.

Mr. WEBSTER. That is all.

Mr. LEA. I understand you, Doctor, to concede that during recent years there has been a great improvement in maternal care and child welfare in New York, and that during that time the child hygiene organization has done effective work? Are there any other reasons that you would suggest for that improvement in New York?

Dr. KOSNAK. I think one reason is to be found in the better economic conditions under which most of our people live. They are able to provide themselves with a greater number of comforts; they are able to take care of themselves in a better way; their housing facilities are improved, and in that way I think that some of the reduction in morbidity must be sought.

Mr. LEA. Have there been any improvements in the sanitary laws or the pure food and drug act within recent years; that is, as far as the administration of it in New York is concerned?

Dr. KOSMAK. I believe not. I think they are still going along under the same laws that have been in force for a number of years.

Mr. LEA. The work of the children's hygiene organization is the only new work that the Government has done in recent years in New York?

Dr. KOSMAK. What do you mean by "child-hygiene organization"?

Mr. LEA. This organization of which Dr. Baker has charge. Is that the only work that the Government has done in recent years to improve these conditions?

Dr. KOSMAK. Well, Mr. Lea, that is not recent. That work has been done for some time, and it is done through the department of health, the municipal department of health. There is no other government organization that I know of that is active in this field.

Mr. LEA. I understood that that has been in effect about eight years.

Dr. KOSMAK. I believe so, yes; perhaps longer.

Mr. LEA. It was during that period that the improvement has been made?

Dr. KOSMAK. Yes; by strictly local organizations, the New York Department of Health, aided and cooperated in by a number of private organizations.

The CHAIRMAN. Are there any other questions, gentlemen?

Mr. HAWES. Doctor, the nurse is the assistant to the physician?

Dr. KOSMAK. Yes.

Mr. HAWES. Primarily trained by the physician?

Dr. KOSMAK. Yes.

Mr. HAWES. And as new knowledge comes to the medical profession, that is imparted to the trained nurse by the physician?

Dr. KOSMAK. Yes.

Mr. HAWES. And one of your objections to this bill is that 95 per cent of the effective work done in the interest of protecting maternity and the child is medicinal?

Dr. KOSMAK. Yes.

Mr. HAWES. So that you object to the 5 per cent controlling the 95 per cent in the matter of administration. Is that your idea?

Dr. KOSMAK. I do.

Mr. HAWES. I understand, Doctor, that you favor full and ample investigation and proper appropriations by the Federal Government in the matter of investigation, statistics, reports, and advice to be sent to the States?

Dr. KOSMAK. Yes, sir.

Mr. HAWES. So that your objection to this bill can be analyzed as about three or four objections.

First, you believe that it should be directed by a skilled physician?

Dr. KOSMAK. Yes.

Mr. HAWES. Second, that national control should not dominate local control.

Dr. KOSMAK. No; it should not.

Mr. HAWES. And probably your third objection is that this bill does not define in any way what the national function will be, but leaves it to some board to be appointed in the future. In other words, Congress does not say how this money shall be spent, but some board which will be created in the future will say how it shall be spent?

Dr. KOSMAK. Yes.

Mr. HAWES. Not in the volume of money but in the manner of expenditure?

Dr. KOSMAK. Yes.

Mr. HAWES. That is about your position, is it?

Dr. KOSMAK. Yes; if I follow you.

Mr. WEBSTER. Mr. Chairman, there is one matter that has been called to my attention in the last moment.

Doctor, do you understand that the Children's Bureau of the Labor Department is a lay organization?

Dr. KOSMAK. I do believe so. I think it is dominated—the head of it is a lay person.

Mr. WEBSTER. Do you know that on its medical staff there are 13 physicians?

Dr. KOSMAK. Yes.

Mr. WEBSTER. I will read their names: Grace L. Meigs, Frances Sage Bradley, Florence Brown Sherbon, Dorothy Reed Mendenhall, Anna E. Rude, M. Ruth McGuire, Ada E. Schweitzer, Margaret E. Stewart, Edith S. Michael, Theodora Wheeler, Bertha F. Johnson, Florence L. McKay, and Ella Oppenheimer. All of these persons are licensed practicing physicians.

Dr. KOSMAK. Yes; I suppose so.

Mr. HAWES. Mr. Webster, do you find any men in that list of doctors?

Mr. WEBSTER. There seem to be no men on this list. It has a medical staff of 13 physicians and 9 nurses. You do not make any point of these physicians being women, do you, Doctor?

Dr. KOSMAK. No.

Mr. WEBSTER. Whether they are men or women has nothing to do with the fact of their being practicing physicians?

Dr. KOSMAK. Absolutely not. May I say in answer to that, I might bring up a comparative picture? The health activities, the social welfare work done by any large commercial organization, a life insurance company, manufacturing establishment, or otherwise, those activities are directed, as far as the application of medicinal methods is concerned, by physicians. These physicians are employed and under the direct control of lay persons.

I might also call your attention to the fact that section 3 of this bill reads as follows:

"That the Children's Bureau of the Department of Labor shall be charged with the carrying out of the provisions of this act, and the Chief of the Children's Bureau shall be the executive officer. The Chief of the Children's Bureau, as executive officer, is hereby authorized to form an advisory committee to consult with the Chief of the Children's Bureau"—she is merely authorized; she is not compelled to do it. She may do it if she wants to, but she doesn't have to—"and to advise concerning any problems which may arise in connection with the carrying out of the provisions of this act, such advisory committee to consist of the Secretary of Agriculture, the Surgeon General of the United States Public Health Service, and the United States Commissioner of Education."

There is one physician provided for there.

Mr. COOPER. I might say, Doctor, the Senate amendment directs the Chief of the Children's Bureau to form that committee to consult with the bureau.

The CHAIRMAN. The doctor is not expected to know those amendments. The Sheppard-Towner bill as it stands is before us. I do not think he could be held accountable for that information.

Dr. KOSMAK. Then, out of that board you have three lay people and one physician. It is merely an advisory board. It is not necessary to follow any of their rules or recommendations.

Mr. WEBSTER. Would your objection in that respect be met if the law were changed so as to make the formation of such an advisory board mandatory?

Dr. KOSMAK. No; it would not meet my objections, because the carrying out of the act would still be in the hands of the Children's Bureau, which is a lay organization, primarily speaking.

Mr. WEBSTER. Well, what point do you attach to its being discretionary, when you say it would not make any difference, so far as you are concerned, if it were mandatory?

Dr. KOSMAK. It is merely an advisory board. The executive work is still left in the hands of the head of the Children's Bureau.

Mr. WEBSTER. So there is not really any point in the proposition that the appointment of the board is directory merely? There is really no point in the proposition that under the language of the original bill the appointment of such a board is directory merely?

Dr. KOSMAK. No.

The CHAIRMAN. Are there any other questions to ask the doctor? If not, Doctor, we will excuse you.

Mr. TOWNER. I would like to call the Doctor's attention to some provisions in the bill.

Doctor, in section 4 of the bill you will notice that the legislative authority of the act is to designate or authorize the creation of a State agency which is to administer

this act, so that it is absolutely within the control of the legislature of the State as to how, within the State, the act shall be administered.

Dr. KOSMAK. I regret to say that I do not agree with that. I was asked that question in the earlier part of the session, and I called attention to the fact that subsequent lines in this paragraph nullifies what has been granted in previous lines, because the Children's Bureau may withhold the funds that have been appropriated, in case the rules and regulations formulated by the State agency do not agree with those formulated by the Children's Bureau.

Mr. TOWNER. We are not coming to that now, Doctor. I just wanted to call your attention to that provision at this time. Now, in the same section there is this proviso:

"*Provided*, That in any State having a child-welfare or child-hygiene division in its State agency of health the said State agency of health shall administer the provisions of this act through such divisions."

It would be perfectly within the determination of a State to say who should or who should not, or what authority should administer this act, would it not?

Dr. KOSMAK. Yes.

Mr. TOWNER. So that the State could place within its health department, whatever that was, the administration of this act?

Dr. KOSMAK. Yes, sir.

Mr. TOWNER. Could it not do so?

Dr. KOSMAK. Provided the administrative features agreed with those that had been put forward by the Children's Bureau.

Mr. TOWNER. We are not discussing that. I will come to that in a moment. The only proposition I am asking you about is that each State can determine for itself whether or not the administration of the act shall be under its health agency or not; so that if they want to put it under the health agency they can do so. Is that not so?

Dr. KOSMAK. Yes.

Mr. TOWNER. Now then, the only situation in which you say that this Children's Bureau can dominate is through the administration of the funds here in Washington, is it not?

Dr. KOSMAK. Yes, sir.

Mr. TOWNER. Is it absolutely essential for a State to abandon its policy if this bill is passed?

Dr. KOSMAK. No; but I understand—I gather from the wording of the bill that it would have to abandon whatever policy it had determined on, if that policy did not adapt itself to the regulations made by the Children's Bureau. I am sorry, but I can not see any other interpretation for that feature.

Mr. TOWNER. I think, Doctor, that you are correct, based upon the assumption that that is true, but the assumption that it would control its entire policy is based upon the fact that in some way or other the State would be compelled to accept it. Is the State compelled to accept it?

The CHAIRMAN. Judge Towner, I regret to be obliged to break in, but it seems to me that you are appearing more as counsel than you are in directing the forces of the proponents, and you are to have your time in rebuttal; meanwhile time is taken away from the committee witness and the committee with respect to the testimony now before it.

Mr. TOWNER. There is no question, Mr. Chairman, but that you are exactly right. I am certainly prejudiced in favor of this bill.

The CHAIRMAN. We do not object to that in the least, but we want to give the other side a chance, and I will have to ask you to defer that until your time comes.

Mr. TOWNER. If it is at all unpleasant to the chairman, I shall not further press it.

The CHAIRMAN. It is very agreeable to the chairman, but the members of the committee have complained and I think it is out of order.

Are there other questions that the members of the committee would like to ask the witness? The Chair hears none, and we thank you, Doctor.

We have about 10 minutes remaining this morning, gentlemen. Shall we go on or stop now?

Mr. HUDDLESTON. If anybody present can express himself in the time limit, I would like to hear him.

The CHAIRMAN. There is one witness here who has asked for 10 minutes, and perhaps that will be enough for what he wants to say. I will call him now. He is Mr. Anderson.

STATEMENT OF MR. H. B. ANDERSON, REPRESENTING THE CITIZENS' MEDICAL REFERENCE BUREAU, 145 WEST FORTY-FIFTH STREET, NEW YORK CITY.

Mr. ANDERSON. Mr. Chairman and gentlemen of the committee, I represent the Citizens' Medical Reference Bureau (in oppositon to compulsory medicine), 145 West Forty-fifth Street, New York City.

By way of explanation will say that this bureau is not a medical organization. It is an organization of citizens. The idea in calling it the Citizens' Medical Reference Bureau is that we believed that if facts of a chiefly medical nature which are ignored by advocates of compulsory medicine were taken into consideration there would be no basis for compulsory medicine.

I wish at this time simply to briefly call attention to reasons why we believe the bill to be paternalistic and therefore not to the best interests of the public.

Proponents of this bill have frankly stated that they did not suppose the Government would wish to appropriate money to the States without exercising some control over the money.

As a matter of fact, the bill actually provides in section 8 that States desiring to avail themselves of the benefits of the act shall submit to the Children's Bureau for its approval "detailed plans for carrying out the provisions of this act." In other words, the plans of the States would be subordinated to conform to those approved by the Children's Bureau. Section 4 further provides that the Children's Bureau may recommend to the State agencies cooperating under the act the appointment of advisory committees, both State and local, and how those committees shall be constituted.

Proponents of this bill frankly state that some of the western States are lax on this matter of maternity and infant hygiene, and refer to this laxity as a "stain." Many States, however, may not regard it as a "stain" not to carry on work of this kind, and we take the position that it is not the province of the Federal Government to try to whip these States into line either by appropriating money, which has been referred to as a "species of bribery," or indirectly by so-called educational methods.

If a private organization takes it upon itself to try and have maternity and infant hygiene legislation passed by the various States, that, of course, is an entirely different matter from the Federal Government doing so. Neither is it the function of the Federal bureau to seek to influence State legislation of other kinds relating to health matters.

Under the theory that the child has a right to be "well born," and goaded on by a mass movement in which various private organizations were working together with the Children's Bureau, there is no end to the drastic medical interference that might be sought of expectant mothers and infants. This, I believe, constitutes the most serious danger in connection with this bill. Whether this interference be as a result of State legislation secured as a result of campaigns conducted by the Children's Bureau or without any particular State legislation, the possible abuses are appalling.

If this bill were allowed to pass it would serve as an entering wedge for other legislation that would enormously increase the tax burdens.

A study of Children's Bureau publication No. 62, conference series No. 2, giving the minimum standards for child welfare adopted by the Washington and regional conference on child welfare, 1919, will show that it would require hundreds of millions of dollars annually to carry out those standards.

It is disappointing, to say the least, that proponents o. this oill have given such a misleading impression of what might be expected were this bill allowed to become a law.

Statistics from the United States Census Bureau plainly show a lower maternity and infant mortality in the rural districts of the birth registration area where such work as this bill provides is said to be the most needed than in the urban districts which are now conducting wrok of this kind.

Mortality statistics, 1919, page 47, show a death rate per 1,000 live births in 1919 of 7.9 in cities in the registration area against 6.9 in the rural part of the registration area for all puerperal causes and 2.9 in cities in the registration area against 2 in the rural part of the registration area for puerperal septicemia.

Birth statistics 1919. page 18, show an infant death rate per 1,000 births of 89 in cities in the registration area, against only 84 in the rural part of the registration area.

New York City has been referred to a great deal as having reduced the death rate from 144 to 85. As a matter of fact New York stands fiftieth in the year 1919 among cities of the United States, so far as infant mortality is concerned, and a great many of the States will, I believe, make a better showing than New York City.

In closing I would just like to read a few lines from a communication by John P. Davin, M. D., executive secretary New York Medical Association, relating to the bill now under consideration, which appeared in the New York Globe July 7, 1921:

"* * * a leader in a recent Globe states that the Children's Bureau has reckoned that 15,000 women die needlessly every year from causes connected with childbirth. One death of this kind in the practice of a conscientious physician would be considered a harrowing event. I venture to say that the vast proportion of deaths of this character * * * are due to causes which no human power could prevent. Their occurrence among the wealthy are just as frequent, despite the highest medical skill, as they are among those who are now exciting the interest of the Children's Bureau.

"It has been decided that the American home and American political institutions can not safely coexist in this country along with the sale of liquor to places licensed by the Government. Will these institutions be not endangered as well if for the supervision of the saloon there is substituted the supervision and control of the lying-in chamber by politically appointed officials of the State?"

I thank you.

The CHAIRMAN. Without objection, the time being up, we will adjourn until 9.30 o'clock to-morrow morning.

(Whereupon, at 11 o'clock a. m., the committee adjourned until 9.30 o'clock a. m., Wednesday, July 20, 1921.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Wednesday, July 20, 1921.

The committee met at 9.30 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. Gentlemen of the committee, if you will give attention we will proceed to the further consideration of H. R. 2366. The chair will ask Dr. Mongan to appear as the first witness.

STATEMENT OF DR. CHARLES E. MONGAN, SOMERVILLE, MASS., REPRESENTING THE SOMERVILLE MEDICAL SOCIETY.

Dr. MONGAN. Mr. Chairman and gentlemen of the committee, I am not going to keep you very long. I have promised your chairman that I would be about 15 minutes.

The first question that comes to my mind is: What is our work? What are we trying to find out and on what basis do we place our figures, statistics, and everything that concerns this question of what is called "maternity benefits"? What is maternity benefit and what is a maternity death? Perhaps I had better go over that first. The term "maternity death" does not occur anywhere in scientific medical literature. There is not any such thing described as maternity death. The United States Census Bureau, acting under the international classification of diseases, describes that as the puerperal stage—deaths in the puerperal stage. What are deaths in the puerperal stage? Any death that happened from the beginning of conception—that is, during pregnancy, during parturition, during lactation; that is, when the mother nurses her child, or for one month after the cessation of any of those three functions, that can be in any way connected with these functions, is a death in the puerperal stage, and that is the method used in collecting these statistics. So that when you say you have so many deaths, maternity deaths, one does not know whether you mean—if you use the expression "maternity"—whether you mean the death after the confinement or a death after an operation of Cæsarean section, which is a maternity death, or a death after blood poisoning in an abortion. And we have many of those cases where they are self-induced. Those go down as maternity deaths. A death after an operation for extrauterine pregnancy is a maternity death. Scientifically those are deaths in the puerperal stage.

These statistics are collected on what is called the "international classification of diseases," and in this international classification of diseases, which has been accepted by most civilized countries, it expressly states that they are not selected for scientific purposes; that they are selected simply for statistical purposes and not scientific purposes. So that when you draw your conclusions and you build up anything on the basis of the international classification of diseases, remember that you are talking statistically and not scientifically, and there is a great deal of difference. So much for a little illumination; perhaps you have had it all before, but so much for our starting.

In 1916 and 1917 there came into view an organization called the American Association for Labor Legislation, and this association began a campaign for compulsory health insurance in about 13 different States simultaneously in the United States, and they

issued a pamphlet, a review, on compulsory health insurance, in 1916 and 1917. In that review was stated what they were—their officers and what international classifications they had and international alliances. This pamphlet bears upon the cover the words "the American Association for Labor Legislation, 131 East Twenty-third Street, New York City," and down below "International Association for Labor Legislation, with its headquarters in Basel, Switzerland, serves a bond of union to all who believe in the necessity of labor legislation." I will leave that book with you, if you wish. It gives the sections in the different countries. In that organization and in that scheme for compulsory health insurance, which was advocated by an American association with international alliances, there is a provision for maternity benefits. I will say that since the war the alliances, the foreign alliances, are not given in the book. Whether it was thought best to sever its alliances with international organizations that had their headquarters in Basel, Switzerland, I do not know, but they are the first organization that ever introduced into the United States the subject of maternity benefits. Now we have reason to believe, those of us who have watched the career of this organization, that having been defeated in all the State legislatures where they introduced their proposition for compulsory health insurance, we have reason to believe that they have taken up maternity benefits.

Mr. NEWTON. What do you mean by "maternity benefits" in reference to this organization? Would you call this a "maternity benefit?"

Dr. MONGAN. I take that name because it explains things better than some other expression. It is called here a "maternity bill." It may change to-morrow, I don't know about that. They change every other day.

Mr. NEWTON. What I was trying to get at was your use of the general term "maternity benefits," whether this came under that general term.

Dr. MONGAN. Yes; it does come into my mind under that general term.

My colleague yesterday did not know who was behind legislation of this sort, and I ask you to pay attention particularly to the undercurrents and the influences that come to the American people under the guise of labor legislation which has had in the past alliances with international organizations, and I say it comes pretty near being internationalism, and you men who study social questions can tell us what it means, its far-reaching effect. It is a thing that you want to consider. Am I far afield in asking them why the Children's Bureau calls upon you to consider maternity benefits in certain foreign countries and issues a pamphlet telling you the condition of maternity benefits in foreign countries? It goes further, and it tells you on the last page: "The most comprehensive study on maternity benefits and insurance which has yet appeared in any language is a volume by Madame A. Kollontai."

Mr. NEWTON. Will you give the reference there of the Children's Bureau publication, with the designation of the pamphlet and page number?

Dr. MONGAN. This pamphlet is entitled: "Maternity Benefit Systems in certain Foreign Countries. Legal theories No. 3. Bureau publication No. 57." This is on page 175. You are going to Russia for maternity benefits. The United States is going to Russia to ask Mrs. Kollontai, and you should read what Sir Paul Dukes says of her and her disruption of the family in Russia, she who believes that the family should be separated. Sir Paul Dukes is the intelligence officer of the British Government in Russia, and he refers to Mrs. Kollontai in the New York Times of last Sunday. We are asked to go to Russia and we have been asked to go to Russia in all these things. And let me tell you the first germ of all this thing came into Russia in 1805, when the Czar ordered a hospital to be established in connection with the mining and metallurgical industries.

Mr. SANDERS. What was that, Doctor?

Dr. MONGAN. The Czar ordered the establishment of a hospital in connection with mining and metallurgical industries in 1806. That was continued as a rule of the Empire until 1866, during the cholera epidemic. We had our first maternity hospital under government control when the Czar ordered (1866) that in a factory which consisted of more than 1,000 people there should be a hospital and so many beds, and there should be an obstetrical hospital. He did not want to let these working women under Russian civilization get very far from the factory to have their children. It became so notoriously bad in Russia, according to that book, that they did away with the governmental hospitals under that scheme and established a compulsory health insurance with maternity benefits, and the countries that have had compulsory health insurance with maternity benefits have been Russia, have been Germany, where it made its greatest development. Bismarck gave it as a matter of policy and for no other reason. It was not in Germany that these things came; it was from Russia. Rubinow in Standards of Health Insurance tells you the whole story, or the American Medical Association Journal of June 16, 1916, will tell you the whole story.

Now we object to taking any part or parcel of any oriental civilization that gleams through the Russian Empire. It is not necessary that the American people should give over to the Federal Government anything in the way of administering the private health of the community. The Federal Government has not given any evidence—and I say this with due respect—has not given any evidence, when it gets out of purely governmental affairs, of any appreciable success, and I have only to quote to you the words Senator Edge delivered yesterday in the United States Senate, when he deplored the fact that we were going outside of our province as a government to get into busines or to set up business or make any more business arrangements, and you are going to do the same thing that Senator Edge deplores when you are asked under this bill to take away from those who are peculiarly trained and fitted to take care of the sick and give it into the hands of a bureau that shows their competency by referring you to Russia as the best possible way by which you can administer health insurance and maternity benefits.

Mr. COOPER. Where has the Children's Bureau ever referred you to Russia, relative to this bill?

Dr. MONGAN. Where has it referred me?

Mr. COOPER. Yes.

Dr. MONGAN. I do not know that I get you. This particular bill says that the Children's Bureau, which is a governmental department agitating the passage of this bill, refers us to Russia.

Mr. COOPER. Now where do they refer us to Russia?

Dr. MONGAN. Inferentilly this thing is to be given over to the Children's Bureau for administration.

Mr. COOPER. Are you reading there from the report of the Children's Bureau?

Dr. MONGAN. Yes, sir.

Mr. COOPER. What do they say on that? I am anxious to know.

Dr. MONGAN. They say: "The most comprehensive study of maternity benefits and insurance which has yet appeared in any language is the volume by Madame A. Kollontai." I refuse personally to follow her, no matter what she says.

Mr. SANDERS. Have you read the authority referred to there?

Dr. MONGAN. It is in Russian. No, sir. Perhaps I am going too far in taking the word of this governmental pamphlet. I will withdraw it if you think it is not reliable.

Mr. SANDERS. No; what I am asking is whether you have read the authority referred to in there as being the most comprehensive work on the subject.

Dr. MONGAN. Why, the authority, the authority—you mean have I read Madame Kollontai's book?

Mr. SANDERS. Yes.

Dr. MONGAN. No; I do not read Russian.

Mr. SANDERS. Then from all you know that may be an accurate statement?

Dr. MONGAN. It may be an accurate statement. I am not disputing the statement; I am disputing the fact that we in the United States have got to go to Russia for information in regard to legislation. Would you like to go there?

Mr. SANDERS. Well, if it is true that that book referred to is the most comprehensive one on the subject, do you see anything wrong in the Children's Bureau referring to it?

Dr. MONGAN. Yes; I do.

Mr. SANDERS. Because the author has written some other things with which you do not agree?

Dr. MONGAN. I think that I would disagree with about every public document that would come from Madame Kollontai on social or medical-social conditions.

Mr. SANDERS. Yes; but you do not know but what that is an accurate statement when they say that is the most comprehensive thing on the subject.

Dr. MONGAN. I am not disputing that. I am saying that is where they tell us to go for information. The accuracy or inaccuracy of the statement I have nothing to say about.

Mr. SANDERS. What is the objection to going there for the information if that is a comprehensive work on the subject? Do we not go to foreign books for any information of a scientific or helpful character?

Dr. MONGAN. I suppose you might go to the Duma, perhaps, for legislation that would come before Congress. I think you would take it, however, with a grain of salt, or your constituents would.

Mr. SANDERS. That is all right whether we take it with a grain of salt or not, but I see no harm, so far as I am concerned——

Dr. MONGAN (interposing). All right, then; I have no dispute with you if you see no harm in it.

Mr. SANDERS. I see no harm in the Children's Bureau referring to a book written in Russian upon the subject of maternity and childbirth. I would see no harm in them referring to a German book written on that subject, or to a French book written on that subject, or to any other book written on the subject.

Dr. MONGAN. I have no quarrel with your opinions.

Mr. NEWTON. Doctor, do you claim that the Children's Bureau indorsed any of these maternity benefit systems that were set forth in Madame Kollontai's book?

Dr. MONGAN. I think that inference might be taken.

Mr. NEWTON. That is what I am trying to get at, whether you claim that the bureau indorsed them or whether all that they did was to furnish the people of this country with the information that such and such a country had done such and such a thing along the line of maternity-benefit legislation whether they furnished information only or whether they furnished information plus an indorsement and recommendation?

Dr. MONGAN. I think it comes pretty near being an indorsement. That is the way I would look upon it.

Mr. NEWTON. Now I would like to have you insert in the record, if you do not have it available, anything in the pamphlet there that contains an indorsement of any particular system advocated by Madame Kollontai.

Mr. DENISON. I think on page 11 you will find something of that kind.

Dr. MONGAN. I think you will find a letter of transmittal on page 9. You will find something on page 11 also.

Mr. NEWTON. I am through now for the time being.

Dr. MONGAN. No, I think you will find in the letter of transmittal, "No such system once undertaken has ever been abandoned." After telling about all these systems, "Instead, the tendency of changes in existing legislation has always been toward including larger and larger groups of the population, toward increased benefits, and toward the compulsory as contrasted with the voluntary principle of insurance."

Mr. SANDERS. I would call that a pure statement of facts, not an indorsement of anything.

Dr. MONGAN. I should call that a pretty strong statement. I think most Americans would, looking that over.

Mr. SANDERS. Well, you and I would differ as to that.

Dr. MONGAN. Yes, sir.

Mr. RAYBURN. We do not subscribe to the doctrine of "tainted information." Do you?

Dr. MONGAN. I do not; no.

Mr. RAYBURN. Wherever it comes from, if it is good, you are willing to take it?

Dr. MONGAN. Yes, but I am suspicious, to say the least, and my suspicion grows into conviction after I take in the whole situation. I will ask you if any fair-minded man would not do the same? Now we will go to statistics.

Mr. DENISON. Before you go to that, may I ask you a question?

I have a statement which purports to be a quotation from that pamphlet on page 11, which reads as follows:

"The list of countries having some form of cash benefit for mothers during maternity is impressive."

Do you interpret that as being an expression at least of formal approval and recommendation of the action of those countries that are examples for this sort of legislation?

Dr. MONGAN. I think it comes as near as any head of a bureau would go in making a recommendation.

Mr. DENISON. I find another reference on page 10 of the pamphlet, the same pamphlet that you have been referring to, as follows:

"In the hope that the information might prove useful to the people of one of the few great countries which as yet have no system of State or National assistance in maternity, the United States."

I see here there seem to be a number of statements in that pamphlet which have been referred to me by somebody, I do not know whom, which at least to a limited extent expresses approval of the systems in vogue in these countries, and sets them up before the people of the United States as an example that should be followed. Is that not the impression you get from the reading of that pamphlet?

Dr. MONGAN. Perfectly.

Mr. NEWTON. Have you the reference there? That is what I am interested in in getting that.

Dr. MONGAN. Yes; I have got it here.

Mr. NEWTON. The references to the pamphlet, so that I can turn to it.

Mr. DENISON. Yes; this came to me through the mails. I do not know who sent it, but I found it on my desk.

Dr. MONGAN. Now as to the effect of maternity benefits under Government control in different countries, they have not been such a great success. The English find fault with them. The English who are in favor—that part of the socialists or statesmen that are in favor of the so-called maternity benefits think they do not go far enough. They do not like the few crumbs. Keep that in mind, gentlemen, in considering this, how far and where you are going to limit this thing.

We have been told about New Zealand. We have been told of the great work that has been done in New Zealand. Most of the work that has been done in New Zealand, and the best part of the work that has been done in New Zealand, has been done outside of Government control or Government assistance, private assistance, the same as is being done here—private, I might say, semipublic—under the control of doctors, doctors' organizations, hospitals, district nursing associations, and all those things that go to make up in the large sense for the health of the community.

In England in 1912 there was a royal commission appointed to investigate all this subject. It had its first meeting in 1912. It had its second meeting in 1918 and made its report last August, and the title of the report is "Problems of population and parenthood," and if you will bear with me—I have to do this hurriedly because there are other men coming, but these things I would like for you to take in, as being something that you want to know when you have heard so much from other places.

In regard to the high birth rate and high death rate in neomortality—that is, under a year in infants—it says this: This commission was presided over by the Lord Archbishop of Birmingham, and other members were the Duchess of Marlborough, Rider Haggard, Lady Willoughby De Broke, the head of Scottish Church, a representative of the Catholic Church, and all of the great scientists who are interested in parenthood, maternity, and population. Before this commission appeared Judge Lindsay, of Denver, Judge Neil, of Chicago, and many others. Its report was comprehensive, and here is one of the conclusions:

"We do not find, however, that this assumption is warranted."

That is, the relation between birth rate and the relation between deaths of the infant under a year.

"There are many instances which widely diverge from the customary correlation—instances on a large scale and maintained over very prolonged periods. It is not necessary to go outside of the United Kingdom for one of these. In the city of Bradford infant mortality ranges about the figure 135 with a birth rate extremely low, falling indeed in 1918 to about 13. The birth rates before the war were higher than this but extremely low. In Connaught there are the largest families in these islands, the standardized birth rate ranging from 45 to 50. Infant mortality is almost incredibly low, the customary figure for County Roscommon being in the neighborhood of 35. The Neo-Malthusiam contention that the cause of a high death rate is a high birth rate and that the only way in which to reduce the death rate is to reduce the birth rate is clearly invalid, in view of such an instance as this."

Take that under consideration when you listen to these statistics that are given to you, and things that are given to you from other countries.

Again, and I want you to take this into consideration:

"Finally we must draw attention to the failure of our present methods to diminish neonatal mortality in any considerable degree. With this may be correlated the no less significant fact that, while infant mortality in this country has been reduced by about a third during the present century, that reduction was obtainedcomparatively soon, and the rate of progress has certainly not been maintained. That, of course, could not be expected, but the conclusion which we must reach from the figures, especially in view of the parallel course of events on the other side of the Atlantic, is that the attempt to deal with infant mortality as it now remains will not succeed merely by further effort on the present lines. The abolition or even the great further reduction of infant mortality can only be achieved by the hygiene of motherhood, and that is not essentially a medical problem, as is shown by the contrast between Connaught, where the medical and economic conditions are deplorable; and Bradford, where those conditions are probably the finest in the world but where, owing to social causes, there is very little breast feeding. Since the Bradford mothers, unlike the Irish peasant mothers, do not lead their real lives in their houses, those houses never become homes, in which alone, whether their walls be of clay or marble, the human race can be reared. Among the causes of neonatal morbidity and mortality are chiefly the racial poisons"—this is from an English book, and it is talking about English people—"the racial poisons, especially syphilis and alcohol. Behind the operation of these causes, as artificial feeding, lie social factors. Those social factors, when themselves considered, will be found to be moral rather than social or economic in the ordinary senses of those terms. They depend upon conduct, and not only, as is evident, that of, for instance, the husband who infects his wife and thus their infant

with syphilis, but also upon the conduct, the ways of thought and of deed, of many other persons and of all classes. The tragedies of maternity and infancy to-day, their consequences as they will be, have their roots in the failure and can be ended only by the practice of what we may call racial morals."

Mr. TOWNER. What page is that, Doctor?

Dr. MONGAN. That is page XCVII. And that is not a question of maternity benefits or legislation by government.

Mr. TOWNER. That is the paging of the introduction?

Dr. MONGAN. That is the paging of the introduction, which is the conclusions of the commission, and they are not asking for Government rules or regulations or laws to control maternity or children.

The CHAIRMAN. Doctor, will you kindly give the title of this book and the name of the author and the commission?

Dr. MONGAN. The title of the book is "Problems of Population and Parenthood, being the second report and the chief evidence taken by the National Birth Rate Commission, 1918–1920." It is published by Chapman & Hall (Ltd.).

Mr. GRAHAM. You can not get that book here, can you?

The CHAIRMAN. Yes; you can get it.

Dr. MONGAN. I think you can.

The CHAIRMAN. Now, if you will continue, Doctor.

Dr. MONGAN. Now, gentlemen, we feel that a law of this kind, which has not the support or the sympathy of any medical journal in the United States; that has not the support or sympathy of any group of doctors in the United States, should not be passed. In the event that a law of this kind were necessary, there is not any doubt but that you would get the support and the sympathy of some group of physicians in this large country. If this law is passed it is necessary that it should at least have the sympathy if not the support of the medical profession. If it has not the sympathy and the support of the medical profession, I am afraid it is doomed to failure. The medical profession has been on the alert to do all that it can for the individual citizen of the United States who might be afflicted with any disease or injury. The medical profession in the house of delegates last June at Boston passed a resolution in which it said it did not—the gist of the resolution was that it did not disapprove of the proper exercise of the police powers of the United States in the control of disease which had failed to be controlled in any part of the United States. It also passed a resolution looking forward to correlate, to help and to cooperate with the President of the United States in the matter of welfare, the physical welfare of the people of the United States, and it appointed a committee of five members to confer with the President as to his action and his methods in taking care of the people of the United States.

We think that medical practice belongs to the medical profession. Let me tell you an incident. During the war the Government was compelled to call upon a gentleman of the Pennsylvania Railroad to conduct all the railroad activities in France, and Gen. Atterbury, of the Pennsylvania Railroad, was sent over there. In a speech or at a hearing that took place in April, I think, before one of the labor boards concerning railroad legislation, Gen. Atterbury made the remark, and we make the same remark and stand by what he said, that if it was not for the initiative, the individual effort of the American citizen, his instinct in dealing with things as an individual, and his grasping and striving for ideals, this country would not be in the position that it is in regard to commerce, industry, medicine, art, or the professions. And we say in regard to this bill that the individual doctors, acting through their societies have practically abolished some diseases such as smallpox; they have controlled malaria; they have control of diphtheria. We are going down the line and we are making diseases less formidable, bringing them under better control, and we have done it without asking for the assistance of special legislation from anybody, whether it was a city, a State, or the Nation, and we are simply following the tracks of one of the first practitioners of the United States, as when old Dr. Fuller went from Plymouth to Salem in 1636, treating the patients as he met them at their bedsides and their homes. We simply ask you to allow this thing to rest. There has been no reason that we can see why the Government should place this bureau under the Commissioner of Labor and have more labor added to it. Perhaps some people will now understand why the Cabinet officer, now that he has that bill, has been called the "Secretary of Labor." Also the Surgeon General probably has not had, since he graduated, very much bedside experience with maternity cases, so called, nor, with due respect, has the head of the Children's Bureau of the United States.

We simply ask you to leave this thing to be worked out as it has been worked out before. Statistics do not mean anything. The American Medical Association Journal has seen that. And in closing I might ask you that when you are considering statistics, if you will allow me to tell you this little story, I think it will be illustrative.

The superintendent of schools made a journey once to the elementary teacher's room, who was new, and he said to the elementary teacher, "You will notice the children are not observing, and before I go away I will show you that they are not observing." As he was about to go out of the room he said to the little ones, "Give me a number. I will write it on the board." A little fellow raised his hand and said, "24." And the superintendent wrote "42." Then he said, "Now somebody else give me a number," and another number was given by a little girl, "63." The superintendent wrote "36," and he turned to the teacher as much as to say, "I have proven my case." But like many another good sport he thought he would take one more chance, which was fatal to him, and he said, "Now I am going to ask somebody to give me another number, and a tongue-tied boy in the back of the room said, "77." Now twist it you sucker." [Laughter.] Please do not let the statisticians twist you on statistics. I thank you.

The CHAIRMAN. Does any member of the committee desire to question the doctor?

Mr. NEWTON. Doctor, in the forepart of your talk you defined what are known as "maternity deaths." Now, as I gather from your talk you are opposed to the Government, whether State, Federal, or municipal, conducting work that, in a general way, could be called "maternity benefit" work?

Dr. MONGAN. I am opposed to the Government taking any part by legislation in the practice of medicine.

Mr. NEWTON. Well, in New York City, according to the testimony of Dr. Baker, there is work being done along the line of maternity benefit, described by her. My impression from hearing her testimony was that it was very commendable work and one that should be continued; that it had aided materially in the course of about 10 years in reducing the mortality rate among babies per thousand births from 145 to 85, and had also reduced the mortality rate among expectant mothers. Now do I understand it that you are opposed to the municipality conducting work of this kind?

Dr. MONGAN. I do not understand that the municipality does conduct it.

Mr. NEWTON. The city of New York certainly is conducting work of that kind.

Dr. MONGAN. I do not understand it so, sir.

Mr. NEWTON. That is the testimony of Dr. Baker, who is in charge of that work.

Dr. MONGAN. I understand that that is a maternity center.

Mr. NEWTON. That is what I have been trying to get out of you, as to what you mean by "maternity benefits." Now, you did not define it, excepting to say that legislation of this particular kind proposed here is maternity benefit legislation. I call the work that is carried on under Dr. Baker maternity benefit legislation, because it benefits expectant mothers, and it benefits the child, and it is my idea that if legislation of this kind is enacted it would encourage similar work in the States, similar work to that which is being carried on by Dr. Baker in New York City. To that extent I call it maternity benefit legislation.

Now let me get down to this: Do you commend or do you oppose the municipalities doing work such as is now being done in New York City?

Dr. MONGAN. I do not know that the municipality is doing the work, sir. You and I disagree on the premises.

Mr. NEWTON. Assuming, then, that the city of New York is conducting maternity centers, if you please to call it that, do you oppose the city's engaging in that work?

Dr. MONGAN. Now you have made an assumption, and you have made a layman's assumption of a medical question, and I can not answer it.

Mr. NEWTON. I regret that it is impossible for a physician appearing here to converse with a layman. I had hoped that that was possible.

The CHAIRMAN. I think, Mr. Newton, that is not quite right.

Dr. MONGAN. What was your question?

Mr. NEWTON. I say, I had hoped that a physician appearing here would be able to converse with a layman.

Dr. MONGAN. So did I.

Mr. NEWTON. But I am afraid it is impossible.

Dr. MONGAN. You are afraid it is?

Mr. NEWTON. I am afraid so.

Dr. MONGAN. All right.

Mr. NEWTON. Then, you are not familiar with the work in New York City? Are you familiar with Dr. Baker's work in New York City?

Dr. MONGAN. I am familiar in a way; yes. Would you like to ask me about it?

Mr. NEWTON. Do you believe that that work should be carried on by the municipality of New York?

Dr. MONGAN. No; I believe it should be carried on by doctors, as I understand they are now doing in that center in New York.

Mr. NEWTON. As I understand it, you are opposed then to any municipality conducting work along that general line?

Dr. MONGAN. I am opposed to any municipality conducting medical work.

Mr. NEWTON. Now I think we understand each other on that particular point.

Dr. MONGAN. All right, sir.

Mr. NEWTON. You referred, I believe, to the book by Madame Kollontai?

Dr. MONGAN. I referred to a quotation from a book by Madame Kollontai in that pamphlet.

Mr. NEWTON. A quotation from her—one of the members of the committee does not think that you are trying to answer my questions.

Dr. MONGAN. I think I am trying to answer your questions, but that is the trouble between a layman and a physician.

Mr. NEWTON. I am sorry you have such a lack of respect for the opinion of the layman.

Dr. MONGAN. I have the greatest respect for you gentlemen. I am simply telling you how impossible it is for a layman and a physician to agree upon certain questions.

The CHAIRMAN. Doctor, let us lay that aside and keep close to the subject. We are not here to discuss differences between laymen and physicians.

Mr. NEWTON. Now, Madame Kollontai published this book at what time?

Dr. MONGAN. It is from State Insurance of Motherhood, Petrograd, 1916.

Mr. NEWTON. 1916. So that was under the régime of the Czar. That was before there was any such thing as soviet Russia, was it not?

Dr. MONGAN. Yes, sir.

Mr. NEWTON. Now do you take the position, Doctor, that anything that at any time ever emanated from Russia, whether before the Lenin régime or thereafter, should be absolutely barred from consideration by the American people; that we are not to read anything that any Russian ever had to say about maternity or any other subject?

Dr. MONGAN. I did not say any time that they should not read anything that they pleased.

Mr. NEWTON. Then I am unable to understand why you object to the Children's Bureau referring to a book published in Russia in 1916.

Dr. MONGAN. Because it comes with such weight of opinion, and because the foreword in this book would lead one to believe that that should be followed as a guide in maternity benefits.

Mr. NEWTON. So your objection is to the fact that the Children's Bureau saw fit to in some way or other indorse the views of the book.

Dr. MONGAN. Yes, sir.

Mr. NEWTON. It is not to the merely calling of attention to the fact that a certain person has written a book on that subject and the giving of extracts from it?

Dr. MONGAN. No; it is the general recommendation. If you want to go to Russia for your civilization, all right.

Mr. NEWTON. But if the views of that individual happen to coincide with the views of individuals here in this country, the mere fact that they did, would that be any reason for discarding the views of the persons in this country advocating legislation?

Dr. MONGAN. State your hypothetical question again, please.

Mr. NEWTON. I will state it concretely. There are a number of individuals here in this country who are advocating maternity benefit legislation such as is contained in the Towner maternity bill. Judge Towner, for example, is one of those individuals. He appears before the committees of Congress and advocates it. Now, for the very reason that a Russian woman has advocated such a similar idea, is that a reason for discarding the idea of Judge Towner?

Dr. MONGAN. Yes; based on her idea, because her experience is based upon conditions which do not to any extent—I think I may say it without fear of contradiction—exist in the United States.

Mr. NEWTON. But Judge Towner, we will assume for the purpose of illustration, is basing his argument not upon conditions in Russia, but upon conditions as we find them in the United States. Now, then, just because Madame Kollontai comes in and concurs with Judge Towner, should we discard Judge Towner's idea? Should we discard his idea because he is unfortunate enough to have a Russian advocate it?

Dr. MONGAN. All of which ideas are based upon conditions in Russia.

Mr. NEWTON. That is assuming something that has not yet been established as a fact here. It certainly was not set forth in my hypothetical question.

Dr. MONGAN. Oh, no; I know you had a very carefully framed hypothetical question.

Mr. NEWTON. It was based not upon Russian conditions but upon American conditions.

Dr. MONGAN. It was based upon Russian conditions, as I understand it.

Mr. NEWTON. I know of no figures that have been introduced here before this committee or before any of the other committees upon the conditions of things in Russia,

and no reference has been made to Russia excepting your own reference in reference to Madame Kollantai.

Dr. MONGAN. Yes; the references that were in this book. I made no reference, except in a general way, to conditions in Russia, which are pretty familiar.

Mr. NEWTON. I know; but you are the one that brought Russia in.

Dr. MONGAN. I brought Russia in.

Mr. NEWTON. It was not Judge Towner or one of the other proponents of this legislation.

Dr. MONGAN. Yes; and I will stand for what I brought in.

Mr. NEWTON. So your position is this, that where some individual from Russia indorses legislation, notwithstanding its benefit, because of the fact that a Russian indorses it this Congress should discard it?

Dr. MONGAN. Your question is so involved and takes in so much I should not be asked to answer it the way you put it.

Mr. NEWTON. I am sorry again that a layman can not ask questions that a physician can understand.

Dr. MONGAN. I doubt if the Supreme Court would accept that question either, asked of a witness.

The CHAIRMAN. Mr. Newton, will you not divide your question so the doctor will have no reason for not answering it?

Mr. NEWTON. I will be glad to state that in the simplest form possible. We will assume again that legislation is advocated here in America by an American before the American Congress. That is perfectly understandable, is it not?

Dr. MONGAN. Yes, sir.

Mr. NEWTON. And that it is the opinion of the members of this committee that that legislation is beneficial to the American people.

Dr. MONGAN. Yes, sir.

Mr. NEWTON. Now, then, after that has been brought forth there appear before this committee the views of a Russian woman——

Dr. MONGAN. On what conditions? American or Russian?

Mr. NEWTON. There appear the views of a Russian woman, setting forth her views on maternity benefits——

Dr. MONGAN. Where?

Mr. NEWTON. In general.

Dr. MONGAN. Oh, no; you can not generalize that way.

Mr. NEWTON. Well, then, we will take it in Russia. We will assume that she sets forth before this committee her views on maternity-benefit legislation in Russia, and that in setting that forth her position is an espousal of this particular legislation——

Dr. MONGAN. Now you are setting forth something else.

Mr. NEWTON. You will not go that far?

Dr. MONGAN. No.

Mr. NEWTON. All right; we will assume, then, that she stops immediately and merely states her approval of maternity-benefit legislation in Russia. Then here you have the testimony of an American before an American committee in favor of maternity-benefit legislation, which the committee thinks is desirable. On the other hand you have an indorsement of similar legislation in Russia. Now, do we understand each other that far?

Dr. MONGAN. You have indorsement of legislation on maternity benefits in Russia?

Mr. NEWTON. In Russia?

Dr. MONGAN. Strike out the word "similar."

Mr. NEWTON. Yes; I will go with you that far. Now, because this woman has had her views set forth before this committee on Russian matters, would you advocate discarding the proposition that has been set forth by an American before an American committee and which the committee assumes is going to benefit America?

Dr. MONGAN. I never said I would.

Mr. NEWTON. What is your answer, then? That you would not?

Dr. MONGAN. That is not the discussion. It might be an interesting contribution to the discussion to have somebody come from Russia and tell us about conditions in Russia, etc. Whether I would be guided by it or not——

Mr. NEWTON. Oh, well, you are getting away from the point ——

The CHAIRMAN. Do not interrupt the witness; he is entitled to answer.

Mr. NEWTON. I want him to answer.

The CHAIRMAN. He can not do it if you interrupt him. I want to give him a full measure of opportunity. Will you finish your answer, Doctor? Have you finished it?

Dr. MONGAN. I think so.

Mr. NEWTON. I have no further questions to ask. I wanted an answer. I have been very unsuccessful in getting an answer.

Mr. COOPER. Just one short question, Doctor. I do not want to detain you. You are opposed to this information that has come to us from Russia on this question. Can you tell me how many of the medical profession in this country have taken post graduate courses at Berlin, Vienna, and other European cities?

Dr. MONGAN. I could not answer that question.

Mr. COOPER. You do not object to that, do you?

Dr. MONGAN. I do not object to what?

Mr. COOPER. To the medical profession going over there for information and education?

Dr. MONGAN. Why, no.

Mr. GRAHAM. Doctor, I was so unfortunate as not to hear the earlier part of your statement. Perhaps I am traveling over some ground you have already covered. As I understand this bill, it is for the purpose of trying to conserve human life; that is, it is thought by the sponsors of this measure that by disseminating information among the prospective mothers in the country, through agencies of government, State and Federal, they can get information out to the mothers so that they may know things that they do not know and thereby be better enabled to take care of themselves and have more prospects of saving their lives at the time of confinement and of the baby being born alive and continuing to live.

Now, if this information can be disseminated among the women of the country in that way, do you not think it is a good thing?

Dr. MONGAN. Yes.

Mr. GRAHAM. You think it is a good thing if it can be done?

Dr. MONGAN. But I think it can be better done——

Mr. GRAHAM. In my question, you notice, I did not say anything about the agency, about how it was to be done, whether by a doctor or anybody else. I am asking, if that can be done, whether it will be a good thing.

Dr. MONGAN. If it is disseminated by—yes.

Mr. GRAHAM. I did not say by whom. I say if it were disseminated it would be a good thing.?

Dr. MONGAN. Yes.

Mr. GRAHAM. Well, I think we agree on that, because it has a tendency to conserve human life.

Now, the same thing is true with regard to the scourge of tuberculosis, is it not, and syphilis, if you please—things that are very vital to the health of our people? And if by any means information can be spread among the people that will stop those things it is a good thing, is it not?

Dr. MONGAN. Yes.

Mr. GRAHAM. Now, laying aside the question whether it is done by doctors or whether it is done by laymen or nurses, if it can be properly done you will agree it is a good thing to do, will you not?

Dr. MONGAN. Yes.

Mr. GRAHAM. Well then, after all, is it not a question for this committee to determine and for the Congress to determine, whether that can be done by the Government in an effective and proper way?

Dr. MONGAN. It might be a good thing for them to determine whether it can be or not.

Mr. GRAHAM. Yes. And if it can be done in an effective and proper way, do you not agree with me that it is worth while and worth spending some of our money to do it?

Dr. MONGAN. It might be.

Mr. GRAHAM. That is all I want to ask.

The CHAIRMAN. Are there any other members of the committee who desire to ask the doctor any questions?

Mr. SANDERS. With reference to the work of the physicians' organization and what they are accomplishing, will you again enumerate some of the diseases that they have helped to eliminate?

Dr. MONGAN. Diphtheria.

Mr. SANDERS. Diphtheria? What else did you mention?

Dr. MONGAN. Smallpox.

Mr. SANDERS. And what else—yellow fever?

Dr. MONGAN. Yes.

Mr. SANDERS. Malaria?

Dr. MORGAN. Yes.

Mr. SANDERS. Four diseases. Now, is it not a fact that in accomplishing this work with reference to those diseases governmental agencies have been used effectively?

Dr. MONGAN. Governmental aids? Yes.

Mr. SANDERS. So that it was by the cooperation of the Government on the one hand and of the medical profession on the other hand that these results have been accomplished with reference to the spread of these diseases?

Dr. MONGAN. Yes—when they became public, not when they were individual matters; not when they became diseases of the individual. When they became a public-health matter. We do not think that maternity benefit has become a public-health matter. Malaria and smallpox were injurious to the community, in the same way that a criminal might be injurious to the community.

Mr. GRAHAM. Will you speak a little louder, please, Doctor?

Dr. MONGAN. I said, when they became public-health measures and were a menace to the public. As I told you in the beginning, we do not object to the exercise of what is commonly called police powers of the State when the emergency arises. I do not think anybody will find any fault with the Public Health Service going down into the mountains just to the south, in West Virginia and Tennessee, and dealing with trachoma and dealing with those diseases that become public-health matters instead of individual-health matters.

Mr. SANDERS. Have you finished, Doctor?

Dr. MONGAN. I was going to say that when governmental aid came it came at the request of the physicians who dealt with the cases, when they felt, in justice to the community and themselves—and they are always self-sacrificing and will not refrain from asking the Government to do that, but nobody has come here for the medical profession asking for this.

Mr. SANDERS. I might differ with you on that proposition.

Dr. MONGAN. Yes; you might.

Mr. SANDERS. And I might sustain my position by the record, too, as far as that is concerned. But what I am driving at is that you recognize it as a proper governmental function to give proper aid in the preservation of the life of the Government's citizens?

Dr. MONGAN. I recognize under those conditions the exercise of the police powers of the Government in any necessity, whether it is health or any other necessity. That is what I recognize.

Mr. SANDERS. Then, of course, the sole question is whether, since that is a governmental function, this will carry out that governmental function.

Dr. MONGAN. That is all. It is a proper means for the Government to exercise its police powers in carrying out the preservation of the lives of the inhabitants of the United States.

Mr. SANDERS. That is true, but what I asked you was if this is not true, that the question that is presented to this committee is, according to your views, whether or not it is in furtherance of the governmental function to help preserve the lives of its citizens to enact this legislation.

Dr. MONGAN. I think it is not necessary.

Mr. SANDERS. It is your opinion that it does not further that object?

Dr. MONGAN. Yes; I think it does not.

Mr. HAWES. Doctor, you are not opposed to a State insane asylum, operated by the State for the poor people?

Dr. MONGAN. Or for any other kind of people; that is another exercise of the police power of the State.

Mr. HAWES. And you are not opposed to a State hospital for the poor?

Dr. MONGAN. No; that is another exercise of the police power.

Mr. HAWES. Or a city dispensary for the poor?

Dr. MONGAN. Certainly not.

Mr. SANDERS. Pardon me; the last question I heard was with reference to the Government hospitals, and I did not get the doctor's answer.

Mr. HAWES. I will repeat. You are not opposed to a State insane asylum to handle the insane citizens at the expense of the State, Doctor?

Dr. MONGAN. No, sir.

Mr. HAWES. Nor to the city hospital which takes care of the sick poor?

Dr. MONGAN. No, sir.

Mr. HAWES. Nor to the city dispensary to care for the temporary needs of the sick poor?

Dr. MONGAN. No, sir.

The CHAIRMAN. Is that all? Does any other member of the committee desire to ask any questions? If not, Doctor, we will excuse you, and we are obliged to you for your testimony.

Dr. MONGAN. I thank you very much.

The CHAIRMAN. The next witness to be called is Dr. Quessy. The Chair will be obliged to advise you, Doctor, that there are only 10 minutes left in which you can present your case, unless you appear at a later time.

STATEMENT OF ALFRED H. QUESSY, M. D., FITCHBURG, MASS.

Dr. QUESSY. Mr. Chairman, I really will not be able to say all the things I would like to say in so short a time, but there is one thing I want to emphasize. I believe it needs emphasis, from what I have listened to.

Gentlemen, you must make a distinction between public health and individual health. What is public health, and what is individual health? Why did public health come into existence? Public health came into existence because of public necessities, the conditions of disease affecting not the health of the individual but the health of the community as a whole—such diseases as smallpox, diphtheria, scarlet fever, measles, anthrax, yellow fever, syphilis, tuberculosis—any and all diseases which are a menace to the health of the community as a whole and against which the community can not guard itself against except through Federal aid or State aid or municipal aid.

In contradistinction you have individual health; that is, conditions affecting the health of the individual himself or herself. And these conditions vary. They are not the same. The dangers are to the individual, not to the community. Each individual case requires particular and individual care. Now, gentlemen, if you do not make that distinction in handling this problem, in handling all your health problems, you will not have any more facility in arriving at a solution than you will have in the present one concerning maternity legislation. Soon you will have all diseases and conditions, housing, feeding, clothing, old age pensions, every and all social measures classed as public health measures. Your troubles are only beginning. This would be paternalism or socialism.

Public health problems alone are within your province, and physicians stand for that. We stand behind it; we want governmental aid in regulating conditions which affect the health of the community as a whole. We need you, we must have you, but, gentlemen, I say that when it comes to regulating individual conditions, individual health problems, it is not your province, you are not able nor competent to do so. It belongs to the individual health service, to the individual practitioner of medicine, who goes out from house to house and meets these individual conditions, who is brought into contact with these individual conditions, who must treat these individual conditions.

And amongst individual health problems, gentlemen, is the maternity situation. A pregnant woman is not contagious. This is an individual health problem. Her dangers are to herself, not to the community. Each particular woman varies in her condition. You can not set any fixed rule which is going to govern every single woman. Each woman varies, and each particular woman must be under the particular care of this or that particular physician, because her condition will be such that it must be watched. The conditions arising must be followed, and arrested then and there by individual health service, absolutely not by governmental nor State nor municipal authority.

Now, you raise a question. You say let the Government help in these things. Yes, in public health matters. In individual health matters, no. Keep close to the line and you can't go wrong. Gentlemen, you say, "Is not the Government the proper agency to do this work? Don't you believe that the Government ought to do this?" I believe the Government ought to do the things that it ought to do and nothing more. The Government is not the proper agency for individual health service. Better, more competent and satisfactory service would be rendered the public by adhering strictly to public health work. Render unto Cæsar that which is Cæsar's.

The Government has taken upon itself the care of our disabled soldiers, and has not shown the competency to do what ought to be done for the soldiers. Gentlemen, if we are to entrust to the Government the care of our wives and our mothers and our daughters, and if we are going to expect that same competency that is being given to the disabled soldiers, then I ask you not to take care of our wives and mothers and daughters; leave it to us.

The medical profession is on the job. We have been on the job, and will be in the future. No one can deny it. Conditions are not as bad as brought before you. Misstatements have been made to enlist your sympathy. There is no necessity for this legislation. It is simply an effort to legislate something—you know that as well as I do. This bill before you is nothing but a boiled down, concentrated thing, not what was originally brought before you. What was brought before you formerly was a regular plan of social insurance, and that was so repugnant and met with so much opposition that it has dwindled down by amendment after amendment, so that to-day you have nothing left but a plan to go out and give advice and instruction. This bill

if passed will be the foundation upon which to build the future structure of social insurance.

Now, gentlemen, you can not give advice and instruction by wholesale to cover individual cases. One must be on the spot, and nobody is better qualified than the medically trained man to give advice and instructions.

Proponents can tell you those things, but they can not tell us. We know what we are talking about when we talk about maternity conditions. Gentlemen, this bill is not what it was intended to be, and if the proponents can only get you to pass it, it will serve as an entering wedge upon which they intend to build. If you subscribe to this you must subscribe to the whole control of the practice of medicine because obstetrics is only a part of general medicine.

If you are going to take on new responsibility under this bill, if you are going to take care of my children, if you are going to take care of my parents, if you are going to take care of my wife, you must conscientiously take care of me just as well, because I am supposed to produce as well as any other person, I deserve help as well as anybody else, and every citizen in this country can say the same. And if you are going to start on this thing, if you are going to start on maternity aid, then you might just as well furnish aid in paying the house rent, in paying the grocery bills, in clothing the people. So it is nothing but paternalism, and proponents tell you it is a needed measure. It is not needed, and nobody can show me that it is needed. I will show you that it is not, if I have the time to do it. I will show you the fallacy of the evidence submitted to you. This is a paternalistic measure, pure and simple. It is asking you to do what the father of a family should do. When a man gets married, he takes upon himself the responsibilities of a married man, and should he come before Congress to ask you to pay his bills, to ask you to do what he should do?

No, gentlemen, this whole measure is purely paternalism. If you start in on this thing, there is no end to it. And if you start, have a reason to start, at least. You have no reason. I say conditions are not as bad as has been stated, and I can prove my statements. The medical profession is an organized body, with all the machinery necessary—medical men, medical associations, medical schools, educators, hospitals, trained staff corps of hospitals, associated with visiting nurse associations. There is the machinery, just as good as anything you can create. If the Government has any special qualifications to do better than we, I want to know what they are.

You have never had any experience. What qualifications can you show me to indicate that you can do better than we have done? We have been saving lives. It is our work. We know about it. What do you know about it? What qualifications have you? You say you want to do it. What qualifications have you? I want to know.

Gentlemen, the medical profession is organized to do preventive work through its societies. I want to tell you that the American Medical Association, composed of members throughout the whole United States, affiliated with all the different State societies, has entered upon a program to outline a plan of cooperation between the physicians of all States, societies, hospitals, organizations of nurses, other organizations, and the public to do this work. And I tell you they can do it better than you, with all due respect to whatever opinion you may have.

I wish I could talk longer than 10 minutes, but I want to leave with you the fact that this is not a public-health measure, and if you start on individual health measures you can not stop. It is wiser not to start. There is no reason for you to stop when once you have started.

Make a distinction, not only in this matter but in all future matters of Government health activities, whether it is Federal, State, or municipal. You have got to make the distinction and draw the line; on one side public-health measures, which is your job; on the other side, individual health measures, which is not your job. If you want to leave your job to take up our job, you are going to have your hands full, and you are not going to succeed any more than you have succeeded in any other private Government enterprises.

Gentlemen, have you any questions? I would like to answer your questions if I have the time.

Mr. REYBURN. Doctor, would you object to this proposition just the same if it were to be administered by the Public Health Service?

Dr. QUESSY. Absolutely, because it is not a public-health measure. It belongs to the individual health service; that is where it belongs, where it is now, and where it ought to be, and where it will be done better than under any other service.

Mr. RAYBURN. Your idea is that the function of the Public Health Service is to guard the community and the public?

Dr. QUESSY. The public, the community as a whole. Unfortunately, there is a danger of departing from that, and to that danger I call your attention. Do not let

yourselves be swerved by that tendency; if you do, you are going to have a lot of difficulties confront you in the next few years.

Mr. HOCH. Doctor, the fundamental principle that you have laid down here, the distinction you have drawn between public health and individual health, would of course preclude any such work as that done in New York City, would it not?

Dr. QUESSY. No; on the contrary. I take that as an argument, sir, in our favor. What is done in New York City is done under individual enterprise. They come here and call attention to their work, because they want to turn it over to Federal aid. They are doing their work under individual enterprise.

Mr. HOCH. You have laid down a principle as to the functions of government, including municipal, State, and Federal Governments, holding that the function of government was solely with reference to what you call public health matters, matters in which the health of the community is jeopardized by some contagious disease, for instance?

Dr. QUESSY. That is as it should be; yes, sir.

Mr. HOCH. And when it goes to the matter of purely individual ailments or anything of that sort, the individual person with reference to his own health, that is a matter in which no governmental agency should take any part, because it is solely individual and that should be left entirely to the medical profession? That is the distinction you make?

Dr. QUESSY. Absolutely, sir; and the time the physicians fail to do that work then is your time to step in.

Mr. HOCH. Just a moment, Doctor. I recognize very plainly, we all do, the distinction you are drawing. Now, I am asking you if your distinction, applied logically, would not prevent any such work as has been done in New York City, because it is done with reference to information given to individual prospective mothers and is plainly in opposition, it seems to me, to the principle you have laid down. To be logical, it seems to me you would have to hold that that was not a proper function of the municipal government.

Dr. QUESSY. We are not opposed to what is being done in New York City. I approve of it; I compliment them upon it.

Mr. HOCH. But how do you harmonize your statements, Doctor?

Dr. QUESSY. Because it is individual. It is under neither municipal, State, nor Federal control, unless I am misinformed.

Mr. HOCH. You are mistaken; it is under the municipal government. The department of public health of New York City——

Dr. QUESSY. There are two departments there; the board of health, which is running the child welfare clinic, and the maternity center, which is not under municipal control.

Mr. HOCH. I am sure you are misinformed about that; that is not correct.

Dr. QUESSY. I take my information from the report of the New York City Maternity Center Association. Please read first page, lines 19 to 28. Reprinted from the transactions, tenth annual meeting American Child Hygiene Association, 1919. But, to cut out all argument, I do not care what results they have had in New York, nor by what means. That does not prove that we can not do the whole thing in this whole Nation without governmental aid. Show me that we can not.

Mr. HOCH. I do not think you apprehend either the spirit or the purpose of my question. You have raised a distinction here. I am not combating your position, although I may not agree with it; but you have drawn a plain distinction between public health and individual health, and you have stated that public health solely is a matter for governmental agencies to participate in.

Dr. QUESSY. I do.

Mr. HOCH. Now, I am saying that the evidence here is that in New York City, under the department of health, they have engaged in a very broad way in the matter of information to individual prospective mothers, in the matter of prenatal care and things of that sort, and testimony has been given here with reference to the benefits of that particular thing.

Now, is it not true, as a logical proposition, if you are correct in your fundamental basis, that that work being done in New York City with reference to prenatal care and matters of that sort, being solely a matter relating to individual health and not to something that is contagious, you would have to say, however much good it may do, that you do not think it ought to be done by the Department of Health of New York City?

Dr. QUESSY. I will answer that by saying that I believe the work done by the New York Maternity Center has established that cooperation can be created between physicians, laymen, nurses, and the public, and good results can be obtained, as has been done in New York City, without or prior to governmental interference, and that proves my contention that this bill before you is wholly unnecessary and unwarranted.

(Thereupon, at 11.05 o'clock a. m., the committee adjourned to meet at 9.30 o'clock a. m. to-morrow, Thursday, July 21, 1921.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Thursday, July 21, 1921.

The committee met at 9.30 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. If the members of the committee will come to order, we will proceed with the hearing on the bill now before us.

Mr. SANDERS. Mr. Chairman, in order to correct the record made the other day, may I have about half a minute?

The CHAIRMAN. Yes.

Mr. SANDERS. I was called to the telephone, and I asked Judge Webster to put in the record, by cross-examination of the witness, the number of physicians who were employed by the Children's Bureau. The list which was then put in is a correct list of the physicians that have been employed. However, there are now only the following physicians employed: Dr. Florence McKay, Dr. Ella Oppenheimer, Dr. Frances Sage Bradley, and Dr. Anna E. Rude in Washington, and Dr. Dorothy Reed Mendenhall is on the staff, but is not stationed in Washington.

The CHAIRMAN. Gen. Sawyer, if you will kindly appear as a witness now, we can perhaps finish with your testimony this morning.

Gen. SAWYER. I appreciate that very much, sir.

STATEMENT OF BRIG. GEN. C. E. SAWYER, WASHINGTON, D. C.

The CHAIRMAN. Give your name and position, and anything else you want to say to identify yourself.

Gen. SAWYER. I am Dr. C. E. Sawyer, of Washington, D. C.

The CHAIRMAN. General, you perhaps are not entirely clear as to just the information the committee would like particularly to get from you, as well as any general or direct views you may have on this bill now before us, which is the so-called Sheppard-Towner bill, with which you are undoubtedly familiar.

Gen. SAWYER. Yes, sir.

The CHAIRMAN. In behalf of the committee, and as a leader for your thought and testimony, the chairman would like to ask you if you have considered about where in your scheme of a welfare department which we have submitted to us you would expect the functions or the work proposed by this bill to be located, and we would like to have a further statement as to whether or not if the bill passed as now before us, at a reasonably early time, before the welfare department might have been established, there would be any annoying conflict in the development of the general department. There are two questions there, one as to where you would expect it to fit in, and the second one, whether or not for the purposes of your department there is need of haste or objection to haste.

Gen. SAWYER. Mr. Chairman, naturally, sir, this would come to the welfare department. I can see nothing in the bill that would in any way prevent its final allocation to the welfare department. I have great confidence in the people who have in mind the administration of these affairs. I think I am safe in assuming that they are in accord with our own ideas as to how this would finally be best handled. I am sure we are all in accord as to the importance and necessity of the measure, and the effectiveness of it, and there seems to be no reason, sir, why there should be any misunderstanding or any disturbance in any way, if this bill should be passed now, in the final and proper handling of the matter in such department as we are sure will be finally provided for the reception and disposition of such matters. I do not know whether that answers your questions or not.

The CHAIRMAN. Yes; I think that, in general, is an answer to the question. If this work were to be assigned to the Children's Bureau, as contemplated by the bill, I judge from the charts which accompanied your brief it would go under the immediate direction of an assistant secretary of the cabinet having charge of the welfare bureau under whom social service, as a broad proposition, would fall.

Gen. SAWYER. Yes, sir.

The CHAIRMAN. If it should go to the bureau of the public health, as some advocate, it would go to a different assistant secretary.

Gen. SAWYER. Yes, sir; that would be true.

The CHAIRMAN. Can you see any reason for a modification of the terms of the bill as it is now presented to us for consideration in the event of its going to the Public Health Service rather than to the Children's Bureau in order to fit into the scheme?

Gen. SAWYER. My feeling about the bill is this, sir. This really is a sociological subject. I believe it belongs to the social sevice division of the new welfare department. I can readily understand how there might be some differences, perhaps,

of opinion as to just what part of this work should be handled by this department or by the Public Health, but there should be no reason why there should not be a hearty cooperation between the Public Health Service, from the doctor's standpoint, and the social serivce department, from the sociological standpoint. It is very easy to make the whole matter fit perfectly as I see it.

The CHAIRMAN. Do you see the opportunity for so doing under the provisions of this bill?

Gen. SAWYER. To be frank with you, sir, I am not quite familiar with bills and bill making to pass an opinion on that subject. In the formation of all bills I have always left the matter of bill making to those who are experienced in that work. I have been led to believe that there was nothing in the bill that would interfere with that sort of an arrangement. That being true, then I would say that I would favor the bill as it exists, and then I should say that in the construction of the bill such arrangement ought to be made as to leave no question as to what ultimately would become of the measure.

The CHAIRMAN. The chairman is a little bit at sea to know how to proceed, Doctor, in view of the fact you disclaim familiarity with the bill, and I have no desire to lead you in any direction other than to get your views on the matter, but the bill does provide, in a general way, and I will not be so specific as to annoy you, to have the plans of the Children's Bureau, if the bill were to pass, worked out through established organizations of public health or something of the kind in the several States.

Gen. SAWYER. Yes.

The CHAIRMAN. Do you think there would be any danger of any conflict, possibly of authority or of jurisdiction or of practice by virtue of having the Children's Bureau from Washington direct by approval the operations of the board of health in Kansas, let us say, in the maternity department and the Public Health Service from Washington directing other health movements in considerable numbers through the same department?

Gen. SAWYER. I can see no reason why that should exist or why there should be any difficulties in the States. I might say this: It is my feeling that it is very important indeed that we should properly safeguard the allotment of money to States. I can see in this bill some liability to abuse in that regard, but so far as the operation of the affairs is concerned, I can see no reason why this bill as it reads should not be carried out.

The CHAIRMAN. Suppose we take a hypothetical case in order to illustrate the matter and let us suppose there is a family in distress in Kansas which the board of health, under the powers already assigned to it, is treating, and we will say that the mother, in order to illustrate and to get home to this bill, is under the direction and care of the Public Health Service, let us say, for tuberculosis or syphilis or both. On comes the prospective motherhood, and, acting under the direction of the Children's Bureau from Washington, some organization or another proceeds to that family by arrangement made with Washington to take up the maternity case, and suppose they were not the same organization but two different organizations. Would it be possible for a conflict of authority to result in possibly two lines of treatment in view of the fact that two agencies were working on that same patient?

Gen. SAWYER. There should be none. If I understand the meaning of this whole bill, the agency representing the Public Health has to do with the things that affect the illness of this patient. This bureau, as I understand, has in mind building up an organization that is quite as responsible and is to have its responsibility to the same central authority in Washington as the Public Health Service. That being true, there should be no misunderstanding between the Public Health Service and the persons operating under the requirements of this bill.

The CHAIRMAN. Now, suppose, for instance, in the State of Kansas, which I will use only to illustrate, it turned out that the Children's Bureau saw fit to make its arrangement with the Washington organization for the administration of its work and the public health was working with them and you come back to the same case I have mentioned, and each one undertakes to carry out its own suggestions as to the care of the patient, as to habits of living, medical treatment, and so on, would you feel that there might not perhaps be a conflict there?

Gen. SAWYER. I should say in answer to that, sir, that if there is a disposition on the part of the public health toward that of social service to drive a wedge between them anywhere or if there is other than the kindliest feeling, it would not be effectual, no matter where it was handled. It seems to me it is quite important that public health should understand that this is given to the social service section of the Government to administer the affairs that are laid down in this bill, and I can see no reason why there should not be conference and sympathetic understanding between them, and I can not see why there should arise differences. I am frank to say that I have

made some observations that lead me to believe that that spirit is existing at present, and I am distressed, sir, to know that such is the case.

The Children's Bureau and the Public Health Service could readily come to a more general understanding whereby there would be no differences.

The CHAIRMAN. That is the condition, of course, that is desired, but suppose the case were reversed and the Public Health Service had been treating the prospective mother for some time and the case would seem to be, speaking in an offhand way, a public health case, and along comes the officer in charge of the Children's Bureau and agrees to take up that case, then, would it be a case for the Public Health Service?

Gen. SAWYER. The Public Health Service would have charge of the case. I am not trying to impress you or anyone else that all of the yielding should be on the side of the Public Health Service. I am not for that. I am for a mutual understanding by which the two services can go along, hand in hand and heart to heart, to accomplish what this bill has in mind.

The CHAIRMAN. At least one member of the committee, I myself, after some experience in Washington, have come pretty firmly to the conclusion that however much we might desire to have this cooperation between the departments of the Government, it does not seem to be the rule. Each one by tradition or practice or human nature or otherwise seems to defend its own prerogatives. The result is that the Christian view and the practical view which you fairly represent does not prevail in the work of the departments. If there is anything in that at all that is worth while considering, would you feel, on the whole, that a bill could be drawn which would fairly accomplish the work in such a way as to eliminate, as far as human action can eliminate, the possibility of conflict, that it would be wise to so draw the bill?

Gen. SAWYER. If there is any question in the mind of anyone who has this bill in charge that there are going to be these things which you have in mind, these liabilities, and there is a way of eliminating them in the bill, certainly it would be good sense to make such alterations in the bill as to prevent them. Being still a youngster in Washington, coming from the Middle West, I have not had the experience to which you refer.

The CHAIRMAN. I respect your view, in respect to your experience.

Do you feel, in view of the fact that the health of these patients is to be a consideration in respect of the operation of this bill, should it become a law, that the medical mind should direct all medical considerations which enter into the service in the execution of the provisions of the bill?

Gen. SAWYER. Absolutely so. I believe that all things pertaining to the disease of any individual in a community relating to any liability to the community belongs to the Public Health Service. There should never be a question about where it belongs. That should be the supreme authority under every and all circumstances.

The CHAIRMAN. And you would embody the maternity consideration in that general definiton of public health?

Gen. SAWYER. Absolutely so.

The CHAIRMAN. If that is the case, would you feel that if the bill were passed in some form, in view of the present-day construction of the personnel of the Children's Bureau or any other construction of the same order, that there should be a distinct provision for a medical department within that bureau to be responsible for such matters as the bureau might see fit to undertake involving the health feature?

Gen. SAWYER. I can hardly see the necessity of such an arrangement; no, sir.

The CHAIRMAN. Wherein would you provide for the Children's Bureau to get its inspiration in respect of the health work?

Gen. SAWYER. It must get its inspiration from the soul that inspired this measure. As I say to you, my understanding of this bill is that it handles the sociological side. Do I make myself clear? It does not handle the medical side of maternity. It handles the social relations, it handles the natural conditions that stand for the highest types of motherhood, for the best possible preparatory educational care, or, I should say, precept that can be established. That is my understanding. As I read this bill its purpose is to distribute information, and as I interpret the bill it does not mean that it is going to tell Mrs. Smith how she shall treat some disorder that she may have, but it is only to teach Mrs. Smith the things that are well for her to do that she may be in the best physical condition to meet maternity requirements. If Mrs. Smith has a disorder, such as comes to women, that requires medical treatment and medical attention, certainly those in charge of this affair would not attempt to treat that case medically. If there is any way in which this bill can be interpreted to mean that it gives to the Children's Bureau the power to treat diseases of mothers or children, then I do not understand it.

The CHAIRMAN. I think your premises are correct as far as you go, but the bill provides that none of the financial benefits shall be forthcoming unless the State subscribes to the plans and ideas of the central board here in Washington.

Gen. SAWYER. Absolutely.

The CHAIRMAN. Suppose that goes to a board of public health of a State, that board of public health certainly will be expected to exercise some judgment in respect to the medical treatment and consideration of patients in that State?

Gen. SAWYER. Yes, sir.

The CHAIRMAN. It it should happen that its ideas of the method of administering that work should not be interwoven with the ideas of the Children's Bureau under the bill the bureau here in Washington would have authority to say, "You can not have any money until you change your scheme and come around to our way of thinking." Do you feel that that is a safe proposition?

Gen. SAWYER. Our way of thinking should be so established that there should be no desire or no possibility of anybody getting around it. That is what I think this bill does provide. It makes it possible for those in charge of the affairs in Washington to say to the States that they must follow and unless they do follow the plans they are not entitled to have money. So there should be no misunderstanding as to what is to come out of this matter when it goes to the States. The State is given rules, regulations, and legislative procedure and it is told that if it accepts those things that it is entitled to money. Until they conform to these requirements they have no right and can not in any way participate in the central arrangement. With such central direction, if we can solve our problems and stop our troubles here we will have none to pass on to the States.

The CHAIRMAN. You have a closely centralized authority and States right, and so forth, are simply wiped out, and they must comform to whatever Washington determines?

Gen. SAWYER. Personally—I am speaking personally—I have the misfortune oftentimes of being placed in the position of speaking for the President of the United States. Let me make it clear that I am speaking for Dr. Sawyer. Personally I have no confidence in the highest accomplishment of State relations where you have to buy them or where you have to pay them. I do believe that this board by setting up in Washington an exemplary plan of handling such matters will impress upon every State in the Union, without paying them, the importance and advisability of pursuing the plan established. Then whether they accept Federal example and Federal assistance, or whether they carry their affairs on as they have heretofore under their own administration, is a matter for each State to determine for itself.

The CHAIRMAN. Of course, if they are in an advisory capacity and provide money to help the States in their own way of operating, that is one thing, but unless they approve no money is given——

Gen. SAWYER (interposing). I understand.

The CHAIRMAN. We virtually put the States desiring money to carry on the service in such a position that if they do not accept Washington they can not get the money, and thereby the power of the State to carry on its own policy would be absolutely eliminated.

Gen. SAWYER. I can hardly agree with you on that matter, and as a reason for my position I offer the following: There was a State in the Union that was known to have a very imperfect public-school system. It was proposed at one time to give this State a large amount of money to help it to do the things that the educators of the country thought necessary; but this State, having its deficiencies pointed out, took pride in doing the things that other States were doing, and as soon as its real fighting spirit was aroused, as I understand, it provided an educational system that is equal to that of any State in the Union. I always refer to my home State, to my home community, for reflexes of all State and community questions. It is my belief that if this central board that is constituted by this bill that is given here, were to say to my State of Ohio, "We wish to proceed along certain lines; we have found them well to follow, and if you do this we will be willing to grant you this amount of money," Ohio would say, "We will adopt your plan and join with you in the general idea for the betterment of maternity and child welfare advancement."

The CHAIRMAN. Suppose you had the State of Maryland, which takes its inspiration from the authorities of Johns Hopkins University in respect to most medical views?

Gen. SAWYER. Yes, sir.

The CHAIRMAN. That university has very celebrated men, and their views, let us say, prevail in the administration of such matters in the State of Maryland. Would you feel that if the State and that galaxy of eminent authorities in that university, to which people go for graduate and postgraduate training from all over the world, should differ in these matters that the State of Maryland would be apt to say, "We will set aside the judgment of these home experts and follow the plan of a bureau in Washington," for the sake of getting money?

Gen. SAWYER. I should feel that this committee, whoever was to exercise this law, would certainly take into conference the leading and best minds in formulating their plans for the pursuance of their work. My own conduct of this affair would be to see what other States were really doing, and if Maryland had such an excellent organization that it should be patterned after or should become a part of these regulations, then I would certainly say, "Let us bring everybody up to the standard of Maryland; but let us not have the rest of the United States misunderstand themselves as Maryland might possibly misunderstand herself." It is possible even for great men and great institutions to have ideas that are really only idealistic. So there has got to be some leveling of this whole matter. We should cut off the peaks and fill up valleys and come to a common ground. That, I believe, is perfectly possible under a proper central administration of such affairs.

The CHAIRMAN. If this bill should be passed—it is distinctly a lay bureau at the present time—and if it is wise to have that bureau take into account in its deliberations and exercise of its authority a well-defined medical department, would you think it well to put in the bill a provision to insure such being done?

Gen. SAWYER. If there is any doubt it should be done now. Certainly, there would be no danger in safeguarding in every way.

The CHAIRMAN. Would you think it a wise thing to avoid the possibility of doubt?

Gen. SAWYER. I have confidence myself in saying that it hardly seems that should be written into the bill, but you lawmakers have a better understanding than I have.

The CHAIRMAN. You think that it should be safeguarded if there is any doubt?

Gen. SAWYER. If there is any doubt the bill should be centralized. Wherever there is doubt that doubt should be eliminated before the bill becomes a law so far as it is possible in the judgment of those conducting the affair.

The CHAIRMAN. General, if provision should be made in the bill for the establishment of an advisory board to help the regular members of the bureau or department, would you feel that there ought to be at least a predominance of medical men on such an advisory board?

Gen. SAWYER. I can hardly see the necessity of a preponderance of medical men. There certainly should be a good, fair representation of men of the type that would give of their experience of public health and understanding of the professional side of all these questions.

The CHAIRMAN. Would you feel, if there was no authority appointed to cooperate with the lay bureau or with any bureau, and an advisory committee were formed, that a provision should be made mandatory on the department to select and appoint such an advisory body?

Gen. SAWYER. I do not quite understand that question, Mr. Chairman.

The CHAIRMAN. This bill authorizes the appointment of an advisory committee of three in the Children's Bureau. It does not make it mandatory. Would you think it wise not only to give the authority, but to make it mandatory on the bureau to do that?

Gen. SAWYER. An advisory committee, it seems to me, would help to eliminate any differences that might come, outside of just official relations, and so I would say that that would be a good thing to have incorporated, that it should be a matter of necessity that there should be an advisory department, and as to the constitution of the board it would only seem reasonable that it should have as membership those who have understanding of the various angles of the subject.

The CHAIRMAN. Taking all of these matters that we have talked about into consideration, do you see any reason why the question of passing this legislation either before or after the establishment of a Federal welfare department, would in any way affect the proceedings of those who are working out that plan?

Gen. SAWYER. As I understand the matter, in conversing with those who are interested in this bill, and we had reports from Mr. Brown, of the reorganization committee, it seems to me that it would be perfectly natural and would follow the course that I outlined in my evidence here first, that this would go to the social service division of the welfare department.

The CHAIRMAN. It could be fitted in at any time before or after it was established?

Gen. SAWYER. I should think so.

Mr. COOPER. General, you said a few moments ago you thought that this measure was more socialogical than medical, did you not?

Gen. SAWYER. Yes, sir.

Mr. COOPER. You believe that the social part of a welfare and maternity case is just about as important as the medical?

Gen. SAWYER. Do I believe?

Mr. COOPER. Yes, sir.

Gen. SAWYER. I think it is very important.

Mr. COOPER. Do you know of anything in this bill that would force any compulsory medical attention on any citizen of this country by the Federal Government?

Gen. SAWYER. No; sir; I see nothing of that kind in this bill.

Mr. BARKLEY. I gather from your testimony that you are very firmly convinced, whether this bill is enacted now or later, that the Children's Bureau as now composed or some similar bureau after any reorganization should have charge of this work?

Gen. SAWYER. Yes, sir.

Mr. BARKLEY. After any possible reorganization is made, if the Children's Bureau is to remain in effect either by that name or some other name, it should continue to have charge of this work?

Gen. SAWYER. It naturally would.

Mr. BARKLEY. Then, the arrangement provides for the Children's Bureau as such to be transferred to the new department?

Gen. SAWYER. Yes, sir.

Mr. BARKLEY. Is it called the Children's Bureau in that arrangement?

Gen. SAWYER. The Kenyon-Fess bill transfers the Children's Bureau to the Department of Public Welfare.

Mr. BARKLEY. So it would transfer with its personnel and its authority all the functions that have been conferred upon it by any act, including this act?

Gen. SAWYER. That is my understanding.

Mr. BARKLEY. So there would be no hiatus or interregnum, so to speak, between the enactment of this law and any reorganization?

Gen. SAWYER. I think not, sir.

Mr. BARKLEY. Going back to the question of State regulations, is it not a fact that the medical profession and the socialogical workers generally all over the country, regardless of where they live, have very general ideas as to what is needed with reference to the care of children and the prenatal care of mothers?

Gen. SAWYER. Yes, sir.

Mr. BARKLEY. There is not any great conflict between people who are interested in this subject in the various States as to what should be done?

Gen. SAWYER. Not to my knowledge. I can see no reason why there should be.

Mr. BARKLEY. All of the work now is being done practically by the medical profession and is being done under the various boards of health of the States?

Gen. SAWYER. Yes, sir.

Mr. BARKELEY. They have worked out a sort of harmonious plan?

Gen. SAWYER. So far as I know. I am not posted on that thoroughly enough to say positively, but I should say that they have or they would not continue it.

Mr. BARKLEY. There is not likely to be any great conflict between whatever supervisory plan might be adopted by the Children's Bureau so long as it is sufficiently elastic to apply to the conditions existing in each State?

Gen. SAWYER. I take it the people here are going to take into conference the people in the States and certainly adopt the best. I would be very much opposed to any measure that takes away personal incentive or takes away competitive possibility. Whenever we do that in this country we have restricted ourselves in a way that would be dangerous, but I can see none of that feature in this arrangement. This is really a matter of understanding between these sections.

Mr. BARKLEY. In other words, it is not your idea that those who will be in charge of this work in Washington are going to put it in a strait-jacket by taking away any sort of leeway or any breadth of action that might be necessary dependent on various conditions existing in different parts of the country?

Gen. SAWYER. I do not think there would be any danger of that. My contact with Miss Lathrop has been such as to impress me with the feeling that she is a broad-minded woman working for just what we are all working for in this bill, and if she is a sample of those who will help to execute these matters I feel quite safe.

Mr. BARKLEY. I think that is all, General.

Mr. GRAHAM. Of course, you understand, Dr. Sawyer, that we are not dealing with Miss Lathrop. The power will be given to the Children's Bureau, which is an impersonal thing and which goes on forever.

Gen. SAWYER. Yes, sir.

Mr. GRAHAM. Miss Lathrop may die. She is for the time being occupying that position. The only proper way in arriving at our conclusion is to consider what is right or wrong with this matter.

Gen. SAWYER. Individuals must be forgotten; only principles should live.

Mr. GRAHAM. Let me see if I get your idea. You conclude that this is purely a sociological question?

Gen. SAWYER. I do.

Mr. GRAHAM. And if it trenches upon the medical side in any way that function ought to be at once transferred to the medical department, namely, the Public Health Service?

Gen. SAWYER. Absolutely so.

Mr. GRAHAM. Then, the plan that you and others have in mind in this bill is simply one of instruction, helpful instruction, to be given to the people?

Gen. SAWYER. Yes, sir.

Mr. GRAHAM. Let us see how far the Federal Government can properly go into that. People in crowded industrial districts frequently live in an insanitary way. They do not exercise the proper precaution as to sanitation and hygiene, they do not have proper ventilation, they do not have proper and healthful exercise—that frequently happens—all of which might be obviated by helpful instruction in social centers, where they would be taught how to live, and in that way tuberculosis might be lessened and many other conditions might be alleviated somewhat. Do you think it is a good thing for the Federal Government to start into the work of showing the people how to live, how to practice sanitation properly, hygiene, and those things, by legislation something like this?

Gen. SAWYER. I believe the Government that serves its citizens best that provides ways and means of understanding for those people whereby they will expose themselves to the least liability in whatever engagement in life they may participate, whether it is in giving birth to children or whether it has to do with any other home relations. Sanitation belongs to the Public Health Service. It is the business of the Public Health Service, as I understand it, to fix the regulations by which homes are kept clean, and it fixes policies of sewage, of ventilation, and of cleanliness generally. All of those things belong to the Public Health Service, while on the other hand the social side of this subject must get down to the homes through other channels of information and personal contact. Public Health Service may understand the social needs well and the Public Health Service should be in a position to assist in the enforcement of the sociological requirements, but the Public Health Service has not the machinery sufficient to carry all of these matters, and here comes the social service helper to assist in the fullest benefits to come from such measures.

The social workers go into the homes; showing these mothers, they take the subject up from the socialogical side with families, and my feeling is that such is the best public instruction that you could possibly be given. It is not sufficient to bring about the best results, to have information given out by those who do not know, but rather by those who are posted and educated in the advice they are trying to impart, by the brotherly spirit which we are trying to develop in these United States of America to-day; it is perfectly possible to make the people see the importance of the law.

Mr. GRAHAM. Is there as much reason, in your mind, for Government encouragement by financial aid to the practice of proper rules of living and hygiene as there is for this sort of legislation, or maternity legislation?

Gen. SAWYER. I think that in order to make either of them effectual, or to bring about the results that all of us have in mind, it is quite necessary that those things should go hand in hand.

Mr. GRAHAM. Let us go a step further: I suppose you will agree with me that there is no greater evil in the country than syphilis, or that there is a no more widespread and prevalent ill of the human race or anything that curses the human race more than that disease. As I am informed, that ailment causes a good deal of infant mortality and sickness, including the sickness of mothers, and a great deal of operative work. Now, what would you say to the proposition of the Government establishing a service something like the one proposed here, going out into the various States along the lines proposed in this bill, so that by that means instruction might be given to the people with the idea in mind of a possible alleviation and prevention of venereal diseases in this country?

Gen. SAWYER. It is perfectly reasonable to incorporate that instruction in all of his advice that you are giving to the people, and I think it is the right of the Government to go that far; but we have no right to assume unto ourselves through any social service relations responsibility for the treatment of the individual.

Mr. GRAHAM. I am simply citing this example here to show you what is in my mind, that is, when you want to embark upon the line of sociology by the Federal Government, the field is boundless, and, so far as I am concerned, I can not see the end. All of those matters are proper matters to be done, but the question in my mind is whether the Federal Government ought to now undertake that job.

Gen. SAWYER. That, of course, is a matter that must be left to the consideration of you people, who are better qualified than anybody else to say. You know, whether or not, this is the time. You know that. We are all agreed that the principle is right. Now, if it is possible for you to carry out this principle, then the time is ripe, but you must judge of that. I would not attempt to advise you in that regard.

Mr. GRAHAM. In judging of that need, and looking forward and seeing the field before us, and the broad extent of it, we must naturally take into consideration the financial condition of our country.

Gen. SAWYER. Absolutely so. I agree with you there.

Mr. GRAHAM. You will agree with me that at this time there is every need for the most rigid economy?

Gen. SAWYER. Absolutely so.

Mr. NEWTON. Is it your understanding that the Government is now conducting some considerable work against the spread of venereal disease through the Inter-Departmental Social Hygiene Board appropriation? It seems to me that it involved an appropriation of several hundred thousand dollars.

Mr. GRAHAM. I am inclined to think there is some of that work going on.

Mr. JOHNSON. It was not included in the last appropriation act.

Mr. GRAHAM. I do not think there was anything provided in the last bill, but we did a great deal of that work during the war.

Mr. NEWTON. I think if you will examine the act, you will find that there was quite a substantial appropriation made for that purpose.

Mr. JOHNSON. I do not think you will find it in the last appropriation act.

Gen. SAWYER. If I may be permitted to answer your question, the appropriation for this year for the Inter-Departmental Social Hygiene Board was $225,000.

Mr. JOHNSON. They put it on in the Senate.

Gen. SAWYER. They are operating under that.

Mr. GRAHAM. That refreshes my memory, and let me ask you, Doctor, how was that to be spent?

Gen. SAWYER. I think that is spent through a commission or bureau or committee, and the general directors of that affair are the Surgeon General of the Public Health Service, the Surgeon General of the Army, the Surgeon General of the Navy, and perhaps, the Secretary of the Treasury, but I am not sure about that.

Mr. GRAHAM. But you know of no plan by which it is partitioned out to the various States to be spent by the States?

Gen. SAWYER. No, sir. I really am not familiar with the way of carrying it out, but this $225,000 is spent by the Government.

Mr. NEWTON. Is it not spent in connection with or matched by funds of the States?

Gen. SAWYER. I think not, but I am not sure about that.

Mr. NEWTON. I only have an impression about it. I received a communication from the State health directors of Minnesota, which led me to believe that it is matched by similar funds of the States.

Gen. SAWYER. I can not answer that.

Mr. BARKLEY. Doctor, I would like to get your views on this matter: You stated to Mr. Graham in response to a question that there was a most urgent need for this work, if it is the policy of the Government to enter into it?

Gen. SAWYER. Yes, sir.

Mr. BARKLEY. About that all of us are agreed.

Gen. SAWYER. Yes, sir.

Mr. BARKLEY. From your survey, brief as it may have been, with reference to the various activities of the Government and the possibility of reducing expenditures in some places where they are too large, are you willing to say that the need for economy at this particular time is so urgent as to counterbalance the need for the legislation that we are now considering?

Gen. SAWYER. That is a question that I would like more time for consideration before answering. Really, I have not gone into just exactly what this means in the matter of expense. I have looked at it entirely from the standpoint of what it would do for the people.

Mr. BARKLEY. That being true, is it always best to weigh dollars against the welfare of humanity in matters of legislation of this sort?

Gen. SAWYER. I would hardly say "against" but with it.

Mr. JOHNSON. General, unfortunately I was not present when you began your statement. Do you speak for the President?

Gen. SAWYER. No, sir; that is a responsibility I never assume. I appear here for Dr. Sawyer.

The CHAIRMAN. He appears upon the invitation of the chairman to testify as to how this would fit in with the general welfare department.

Mr. JOHNSON. I expect to read Gen. Sawyer's testimony. I did not hear it, and I wanted to know for whom he appears.

Mr. HAWES. I am in perfect accord with you in your observations about Miss Lathrop, and also with your opinion that the law should be written around a principle and not around a person. Now, the difficulty with this law, in my opinion, is that it

does not define the duties of this bureau either nationally or in relation to the State, but in section 8 it delegates to the bureau, when formed, the writing of the regulations governing it both nationally and as to the conditions under which the State will either accept aid or refuse it. From your administrative experience, do you not think that that ought to be a matter of law, or that the regulations should be written into the law itself?

Gen. SAWYER. I have made that same observation, and it is my contention that regulations written by individuals who are authorized by bills to make regulations, establishes a dangerous precedent and should not prevail. I think such authority brings our greatest troubles, because regulations are often interpreted to be law. For instance, in affairs pertaining to the obtaining of alcohol by physicians. It is not the law but the exhaustive regulations which cause great trouble. I should say there is no trouble from the statute, but through regulations that have been written by some one incapable of a proper understanding of the necessities of the case.

Mr. HAWES. Which may change each 30 days?

Gen. SAWYER. Yes; even oftener. We have recently experienced this in the matter of the administration of the veterans' compensation. We have found the law meaning one thing and while on the other hand the department chief places regulations which put an entirely different interpretation upon the whole subject. In this connection I would call attention to regulation No. 57, promulgated by the former Director of the Bureau of War Risk Insurance. This regulation has worked great injury to the war veteran and has brought much extravagant expenditure to the Government.

Mr. HAWES. Until within the last 10 years, the laws of the United States were written clearly and understandably in the statutes, and that statement applies both to the laws of the States and of the United States; but there has been a departure recently by which boards, bureaus, and commissions make the laws that Congress does not itself define. I understand, you think that they should be written clearly into the law.

Gen. SAWYER. The power to make regulations should not be given the unlimited privilege which they are given in many of our laws. I am sure that a far better plan is to write into the law very specifically the functions to be performed.

Mr. HAWES. I am in accord with you on this whole matter.

Mr. HOCH. General, I would like to get your statement upon a fundamental proposition touched upon a moment ago. One of the witnesses, a doctor, who testified before the committee on yesterday, sought to lay down this proposition, that it was the business of the State, or of the Government, to interfere in health matters only with reference to those matters which might be held to affect the community, particularly contagious diseases, but that when it came to those diseases that are purely individual and which do not involve directly any menace to the health of the community, those matters should be left entirely to the medical profession. Have you a clear statement to make in regard to that, or can you make a statement as to just how far you think it is the business of the Government or the State to go with reference to health matters?

Gen. SAWYER. Whenever the State says that you shall employ a certain doctor, or a certain class of doctors that are licensed by the State laws, then you have gone too far. Then you take away the right of citizenship. What I think you could safely do through the Government is this: You could accumulate evidence, information, facts, and examples, showing the best course of procedure in the handling of community subjects, but when you go so far as to touch individual subjects, then, in my opinion, you have gone too far. You should not do that except as they are a menace to the public. Do I answer your question? I mean to.

Mr. HOCH. Following up that proposition, to illustrate: It is the business of the State to furnish information and adopt regulations with reference to smallpox, because it is a communicable or contagious disease. Now, is it the business of the State to furnish information and suggestions with reference to heart trouble?

Gen. SAWYER. I think that it is only the business of the State to tell the people how they may prevent smallpox. It is only the business of the State to try to develop the best physical system that can be instituted in any way to help the people to prevent heart trouble; but certainly there is nothing in the Government that can say to you or to any of this audience what you shall do for so-called heart trouble, because heart trouble in itself is a term that does not mean anything, and that would be a dangerous precedent to establish.

Mr. HOCH. For the purposes of our illustration, I am not now speaking of treatments, but I am speaking of the dissemination of information with reference to those physical ailments which are purely individual, and which do not involve a menace to the community. Do you think that it is the business of the Government to gather and to disseminate, either by bulletins, by agents, or in any other way, information with reference to those ailments that are purely individual?

Gen. SAWYER. I think it is only the business of the Government to do those things that will protect the people from the danger or liability of contact with disease, and to prevent the spreading of disease.

Mr. HOCH. I am asking that question because it seems to me that fundamentally that is the problem involved in this bill. For instance, there is important information that can be given with reference to prenatal care.

Gen. SAWYER. Yes, sir.

Mr. HOCH. In what sense can information with reference to prenatal care be said to be a community matter in the sense you have outlined, and, therefore, a proper function of the Government?

Gen. SAWYER. In this way: We know that the mortality rate of children, the diseases and afflictions of children, and the disorders of children are due to conditions which may well be anticipated by understanding and prevented by proper information. I think we have the best evidence of that in (ophthalmia neonatorum) the diseased condition of the eye that affects so many children at childbirth. Anything that will help the people to a better understanding of the precautionary measures that they should take is certainly a very good thing.

Mr. HOCH. Regardless of that fact, you think that our limit is when the disease or contagion involves a direct menace to the community?

Gen. SAWYER. I think it is our duty to help anybody and everybody we can by information to prevent any disorder, whether it be an individual or a community.

Mr. HOCH. When you say "our duty," do you mean the duty of the State?

Gen. SAWYER. If we are going into the sociological question at all, then it is our duty to be as broadgauged as possible.

Mr. HOCH. Then, as a matter of fact, there is no very clear distinction in your mind between the function of the Government and the function of private agencies in these matters, because any of those physical ailments, however personal or individual they may be, involve of course in the long run damage to the community by injuring any unit of it, and therefore you would say, would you, that there is no limit to the proper domain of the Government in health matters?

Gen. SAWYER. Let me tell you what I think the Government should do, and what I think is really necessary. Our greatest asset is our health. Everything that the Government, State and National, can do to improve our people physically and thereby mentally is a splendid thing for the Government to do. Therefore, in the matter of information and examples to be given out, let the Central Government offer something really worth while, something the Government can indorse, and not only recommend, but stand behind. The great trouble with so much of our social service work at present is that one individual becomes inspired with the thought that he must do this thing, and he creates around himself an atmosphere that helps him on in that thing.

Then here comes another one who has the idea that God Almighty intended that he should do some special work in the regulation of the affairs of life, and an organization is created around that proposition. Therefore, we find many duplications; that in the city of Washington we have 151 uplifting organizations. Now, what can the Government do to counteract such overlapping? The Government can say what of those things are worth while, as shown by experience, observation, facts, and statistics. When the Government can say to its people "These are worth doing, and this is the plan by which they should be done." Then all who are subscribing to funds for such enterprises will gladly say, "Fortunately, the Government has shown the way by which we can go ahead upon a systematized plan, getting at the end results—something worth while." Frankly, in all of the study that I have given to this matter of welfare in the city of Washington and before I came here, I have found more difficulty in the social-service relations than in all of the rest of the subject.

Mr. HOCH. Do you think it would be a proper thing for the Government, or a proper function of a bureau of the Government, to prepare bulletins with reference to health exercises, physical exercises, or with reference to diet and matters of that sort, and disseminate that information systematically to the people, and, perhaps, send agents out over the country to give instructions in the proper exercise to be taken and in proper diet regulations? I am approaching this from the governmental standpoint, and I ask if that is a proper function of the Government so that we may know where we are leading to when we are entering a new field. Do you think that would be a legitimate function of the Government?

Gen. SAWYER. In the welfare department that we have in mind, we would have a publicity department. Your illustrations are such as to bring a question to my mind as to the direction we should travel, or how far we should go. For instance, we know so little about dietetics in the United States or, for that matter, anywhere in the world, that it seems to me to be impossible for the Government to teach people how and what to eat, but I think it would be well for us to take up in an educational

system a policy that would be sound and usable. Such a policy would well apply, for instance, in the Department of Vocational Training, in physical development and recreational engagement. The Government could well serve in that capacity in all these matters.

Mr. NEWTON. Referring to the colloquy which occurred a few minutes ago in reference to the functions of the Interdepartmental Social Hygiene Board, I would like to have inserted into the record the Interdepartmental Social Hygiene Board act.

(The act referred to follows:)

"Interdepartmental Social Hygiene Board: That there is hereby created a board to be known as the Interdepartmental Social Hygiene Board, to consist of the Secretary of War, the Secretary of the Navy, and the Secretary of the Treasury as ex officio members, and of the Surgeon General of the Army, the Surgeon General of the Navy, and the Surgeon General of the Public Health Service, or of representatives designated by the Secretary of War, the Secretary of the Navy, and the Secretary of the Treasury, respectively. The duties of the board shall be: (1) To recommend rules and regulations for the expenditure of moneys allotted to the States under section 5 of this chapter; (2) to select the institutions and organizations and fix allotments to each institution under said section 5; (3) to recommend to the Secretary of the Treasury, the Secretary of War, and the Secretary of the Navy such general measures as will promote correlation and efficiency in carrying out the purposes of this chapter by their respective departments; and (4) to direct the expenditure of the sum of $100,000 referred to in the last paragraph of section 7 of this chapter. The board shall meet at least quarterly, and shall elect annually one of its members as chairman, and shall adopt rules and regulations for the conduct of its business.

"SEC. 2. That the Secretary of War and the Secretary of the Navy are hereby authorized and directed to adopt measures for the purpose of assisting the various States in caring for civilian persons whose detention, isolation, quarantine, or commitment to institutions may be found necessary for the protection of the military and naval forces of the United States against venereal diseases.

"SEC. 3. That there is hereby established in the Bureau of the Public Health Service a Division of Venereal Diseases, to be under the charge of a commissioned medical officer of the United States Public Health Service detailed by the Surgeon General of the Public Health Service, which officer while thus serving shall be an Assistant Surgeon General of the Public Health Service, subject to the provisions of law applicable to assistant surgeons general in charge of administrative divisions in the District of Columbia of the Bureau of the Public Health Service. There shall be in such division such assistants, clerks, investigators, and other employees as may be necessary for the performance of its duties and as may be provided for by law.

"SEC. 4. That the duties of the Division of Venereal Diseases shall be in accordance with rules and regulations prescribed by the Secretary of the Treasury, (1) to study and investigate the cause, treatment, and prevention of venereal diseases; (2) to cooperate with State boards of departments of health for the prevention and control of such diseases within the States; and (3) to control and prevent the spread of these diseases in interstate traffic: *Provided*, That nothing in this chapter shall be construed as limiting the functions and activities of other departments or bureaus in the prevention, control, and treatment of venereal diseases and in the expenditure of moneys therefor.

"SEC. 5. That there is hereby appropriated, out of any money in the Treasury not otherwise appropriated, the sum of $1,000,000, to be expended under the joint direction of the Secretary of War and the Secretary of the Navy to carry out the provisions of section 2 of this chapter: *Provided*, That the appropriation herein made shall not be deemed exclusive, but shall be in addition to other appropriations of a more general character which are applicable to the same or similar purposes.

"SEC. 6. That there is hereby appropriated, out of any moneys in the Treasury not otherwise appropriated, the sum of $1,400,000 annually for two fiscal years, beginning with the fiscal year commencing July 1, 1918, to be apportioned as follows: The sum of $1,000,000, which shall be paid to the States for the use of their respective boards or departments of health in the prevention, control, and treatment of venereal diseases; this sum to be allotted to each State, in accordance with the rules and regulations prescribed by the Secretary of the Treasury, in the proportion which its population bears to the population of the continental United States, exclusive of Alaska and the Canal Zone, according to the last preceding United States census, and such allotment to be so conditioned that for each dollar paid to any State the State shall specifically appropriate or otherwise set aside an equal amount for the prevention, control, and treatment of venereal diseases, except for the fiscal year ending June 30, 1919, for which the allotment of money is not conditioned upon the appropriation or setting aside of money by the State, provided that any State may obtain any part of its allotment for any fiscal year subsequent to June 30, 1919, by specifically appro-

priating or otherwise setting aside an amount equal to such part of its allotment for the prevention, control, and treatment of venereal diseases; the sum of $100,000, which shall be paid to such universities, colleges, or other suitable institutions, as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research, for the purpose of discovering, in accordance with rules and regulations prescribed by the Interdepartmental Social Hygiene Board, more effective medical measures in the prevention and treatment of venereal diseases; the sum of $300,000, which shall be paid to such universities, colleges, or other suitable institutions or organizations, as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research, for the Treasury not otherwise appropriated, the sum of $300,000 for measures in the prevention of venereal diseases, and for the purpose of sociological and psychological research related thereto.

"SEC. 7. That there is hereby appropriated, out of any money in the Treasury not otherwise appropriated, the sum of $300,000 for the fiscal year ending June 30, 1919, to be apportioned as follows: The sum of $200,000 to defray the expenses of the establishment and maintenance of the Division of Venereal Diseases in the Bureau of the Public Health Service, and the sum of $100,000 to be used under the direction of the Interdepartmental Social Hygiene Board for any purpose for which any of the appropriations made by this chapter are available.

"SEC. 8. That the terms 'State' and 'States,' as used in this chapter, shall be held to include the District of Columbia."

Mr. NEWTON. Under section 6 there was appropriated $1,400,000 annually for two years, beginning with the fiscal year commencing July 1, 1918, $1,000,000 of which was to be paid to the States for the use of their respective boards or departments of health in the prevention, control, and treatment of venereal diseases, that sum to be allotted to each State, in accordance with the rules and regulations prescribed by the Secretary of the Treasury, in the proportion of its population to the population of the United States.

The CHAIRMAN. The specific and distinct purposes of the appropriation are set forth in the act?

Mr. NEWTON. Yes, sir.

The CHAIRMAN. Is that for investigations and reports?

Mr. NEWTON. As I understand the act, it was passed as a war-time measure, and the appropriation was made on a two-year basis. The appropriation has been continued, but in a lesser amount. So far as the exact appropriation for this fiscal year is concerned, I have not that information here, but I would like to put it in the record. The appropriations are as follows:

1919 Army act	$2,500,000
1920 Army act (and re-appropriation of unexpended balance)	1,400,000
1921	1,015,000
1922 (third deficiency)	225,000

The CHAIRMAN. What was the plan and scope of that work? Did it include treatment, or only investigations and reports?

Mr. NEWTON. Both, as I understand it. Through their agents they cooperated with the States in creating the proper health environment around the Army camps, and then it was extended further into the communities in order that they might have a healthy environment.

Mr. GRAHAM. That was for the prevention, control, and treatment of venereal disease.

The CHAIRMAN. Is the administration of that act left in the hands of any central board?

Mr. GRAHAM. The act provides that the duties of the division of venereal diseases shall be in accordance with rules and regulations prescribed by the Secretary of the Treasury.

The CHAIRMAN. There is no division of funds between the State and Nation, is there, or the State does not have to contribute anything?

Mr. NEWTON. Apparently not.

The CHAIRMAN. In other words, they have the expenditure of United States money.

Mr. NEWTON. Yes; although my State has appropriated money to assist in that work.

The CHAIRMAN. Is there anything further you desire to say, Gen. Sawyer?

Gen. SAWYER. Nothing, except to thank you all for the courtesy extended.

The CHAIRMAN. We are greatly obliged to you.

Gen. SAWYER. I wish you well in all of your attempts.

The CHAIRMAN. The Chair will call on Mrs. Gibbs. About how much time will you need, Mrs. Gibbs?

Mrs. GIBBS. I think about 10 or 15 minutes. I will hurry as much as possible.

STATEMENT OF MRS. RUFUS M. GIBBS, 1209 ST. PAUL STREET, BALTIMORE, MD.

Mrs. GIBBS. Mr. Chairman, I am the president of the Maryland Association Opposed to Woman's Suffrage. It has been sneeringly stated that the only opposition to this bill was antisuffrage opposition. Of course my own feeling is that anyone who thinks soundly along any line would be opposed to woman's suffrage, because I feel that it is a case where the unit is the family all through our civilization, both political and social, and that is the only way we can think. It is the only way the majority of women in this country think to-day, and it is a case where we all know that women can only count politically by neglecting much more important work. They have no time to have watchtowers in Washington or to have any lobbies to force through special woman's legislation.

I want to assure you, gentlemen, that there is no such thing as woman's legislation. Our interests are identical. The men and the women have worked side by side for centuries, and they should not duplicate, but cooperate. We have come down through the ages working in that way very satisfactorily, and I do not think you need to be railroaded into anything that is called woman's legislation.

In my State the nineteenth amendment has been twice rejected in the general assembly, and a patriotic body of men are fighting it now in the courts.

In a census which was taken in a small way because it was done by our organization, which has not unlimited funds, which some of the suffragists seem to have, we took a census of 12 centers of population, and 32,100 women were asked how they felt about the matter in order to get the sentiment of the women in my State, and only 2,169 wanted to vote, and 29,461 were against it, and there were 470 who were indifferent. The 29,000 were against it because they know it is with the individaul that the woman must always work, and it is a case of where we know that in making the best kind of citizens we are doing a great deal more for our Nation than we can ever do in making laws.

Now, I am not alone in this feeling of opposition to this maternity bill. As I have said, it is claimed that there is only antisuffrage opposition to the bill, but we are a body of women who are not very articulate; but do not think we are nonexistent, because we do speak, and we will speak at the elections. Now that the vote has been forced on us, we also vote, and we stand by our fathers and sons and brothers, and we do not stand by any women politicians.

In regard to these other elements that stand with us, let me read what the leading Catholic weekly, America, says:

"The State of Montana, for instance, recently petitioned Congress to enact the outrageous Sheppard-Towner maternity bill, and among the chief grounds alleged was the fact that in one year nearly 150 mothers had died in the State for want of proper care. If that be true, had not the citizens of Montana enough humanity and initiative to take steps to prevent an abnormally high, if such it be, death rate? Or, failing private agencies of relief, can not the State of Montana solve this problem for itself? Is it so lost to independence that in a matter affecting the health regulations it must immediately turn to the Federal Government, thereby confessing its unfitness for self-government?"

Gentlemen, you have got to have things worked out along the lines of local self-government. You can not put over on people something they have not worked out for themselves or that they do not believe in for themselves.

State rights is not an academic question. Do not think it was all settled by the Civil War, or, as some one said to me, that it is obsolete. It is not obsolete. It is based on common sense, and in a great big country such as ours we have got to have the small unit, and the States are those small units. Some highbrow, who seemed to be getting away from the traditions that have made this country great, said to me, "We do not need these States. They were based on colonial history. Why not divide the country up evenly, so that a little State like Delaware will not have such an expensive legislature? Let us divide it up and chop it all up." Gentlemen, we have not too many traditions now in the history of this country, and let us make the most of what we have, and let us inspire the people by what their States have done and allow the new States to build up some traditions of their own. I think the idea of these nomads who go around and come here to Washington and look at a thing from a Federal angle and do not care anything about communities and have not any loyalty to communities is a very great menace, and I think you gentlemen should take cognizance of that fact, because I think it is leading us very disastrously; and when you get extreme nationalism, you very soon begin to get internationalism.

In regard to some one else's testimony, I wrote to Mr. George W. Wickersham about this, and I feel that he is a man who has a broad point of view, and this is what he says:

"I am not in sympathy with extending the expenditures of Federal moneys to purposes which, in my opinion, should properly be met by the States themselves. We are in great danger of relieving the States from any sense of responsibility for their own problems through easy access to the National Treasury."

This is a case where we antisuffragists are just as anxious to relieve the situation and to help mothers and babies as anybody else. We are accused of being Herods. Apparently they think we have some special animus against mothers and babies, but nothing of the kind is true; and in the very testimony given by the people who want this bill they tell how local agencies are making headway.

I have been for years a director of the Babies' Milk Fund, which is an association for the prevention of infant mortality. I was one of the pioneers in that work. We have been established 17 years now. Dr. Baker spoke about her organization having gone on for 13 years and being the oldest association. I think that the Boston association is a little older than we are, and Mrs. Putnam will tell you about that. However, I think I know some of these problems. We have 23 centers where mothers and babies can be taken care of and at least instructed, and we have visiting nurses, who go into the homes when necessary. We give medical advice, and last year we took care of 13,000 babies at an expense of $43,000, which was just about $5 per baby, as against $900,000 taking care of 60,000 babies in New York, at an expense of $15 per baby under the municipality when they gave no medical advice or no nursing care, because they turned them over to private agencies for that kind of thing.

Now, you can do a little computation as to what would happen if the Federal Government goes into this work along the lines that the municipality of New York has gone into it. It seems to me the municipality of New York can handle it, and we have a bureau of child hygiene in Baltimore, under the department of health, and they do their share, but it is always a case of where you have got to give this help to the people who need it, and not let others who do not need it impose upon you. One of the big problems we have is to see that the people who can pay something do pay something. The idea that people can get something for nothing which is costing other people something is a very unsound financial principle and will wreck this Nation, and to have them feel that they can simply lie back on any government is not at all a good plan. It has been stated here how eager these people are for information. They are eager for information when they get sick or when their children get sick, but when you try to tell them what to do before they are sick, you do not find that tremendous eagerness on their part for information. I have talked and talked with some of these women about not feeding their children every time the child cries, and do you think I make any progress? No; they think that I am simply full of new-fangled notions, and they say that their mothers and their grandmothers fed them every time they cried, and that they are going to feed them whenever they cry; but let the baby become sick, and then, finally, you can get the mother to realize that they should not feed the child every time it cries. I tried also to tell them not to give the baby cabbage and not to give it meat, but nine times out of ten they will do that, and then when the baby is sick and they have to have a doctor, they will ultimately begin to get some common sense about feeding their children. However, I do not think there is much chance of doing a great deal with the adult population. The whole thing is based on education, and the more you can get common sense and child hygiene in the school the better it will be. I do not mean, necessarily, for the Federal Government to do that, but let the Federal Government stimulate that work. It is the place of the Federal Government to stimulate such work. Do not subsidize educational and health work. You have to do some subsidizing in interstate matters, but there are other problems that the Federal Government should not touch.

All I want to say in conclusion is that I am the mother of four children myself, so I do feel that I know something about the whole problem of infant and maternity hygiene.

I was on the council of defense in the child welfare committee, and after we had the weighing and measuring campaign, I wrote to the Children's Bureau and asked them if they could not put out something in the way of a special appeal from Uncle Sam to the children. I thought if they would simply formulate something and say to the children, "Uncle Sam wants you to get enough sleep and to drink plenty of milk and do not drink coffee and tea," that it would be very helpful, because we all know, of course, that we are influenced by a patriotic appeal, and the National Government could furnish such an appeal to the children. The Children's Bureau told me they had no money for that work. They seemed to have a lot of money to print these maternity benefit pamphlets and things of that sort. Of course, under the act under which they were created perhaps they could not do exactly what I suggested unless you gave them the power to do it, but let us give them the power to do such educating and stimulating. I also wanted to get some pamphlets from them for some mothers in a clinic. The Federal Government has gotten out something about the care of

babies, and I wrote to them and sent money to pay for 20 copies to give to these mothers, and I was told I could only have one, because they only sold them to individuals.

The CHAIRMAN. Mrs. Gibbs, I dislike to interrupt you, but your time is up. I will say to you that a copy of your remarks will be sent to you and you will have the privilege of extending your remarks before they are embodied in the record.

Mrs. GIBBS. I just want to add that they stated they would commercialize the pamphlet if they let more than one person at a time have it. I think if they really had the problem at heart they could do a great deal more than they have done.

Certainly this whole problem is a very large one. In Mother and Child, the official organ of the American Child Hygiene Association, which has indorsed this bill, you will find that they make a very damaging statement to their cause when they say that "Child hygiene work must include a well-rounded health program for every family in a neighborhood," which shows what would be ultimately expected of the Federal Government. Surely, the Federal Government can not be expected to educate the doctor, the mother, and the mother's husband, as is deemed necessary by a physician who spoke at a previous hearing on the bill. The man who is going to have the right instincts in regard to protecting his wife and child will need to be brought up by the right kind of mother, and when he grows up the right kind of a wife will make him eager to do his duty by her and by his offspring.

In concluding may I call your attention to a prophecy and a warning that was written by John Fiske in his Critical Period of American History:

"If the day should ever arrive (which God forbid) when the people of the different parts of our country should allow their local affairs to be administered from Washington, on that day the progressive political career of the American people will have come to an end and the hopes that have been built upon it for the future happiness and prosperity of mankind will be wrecked forever."

The CHAIRMAN. The next witness is Dr. O'Donovan, of Baltimore.

STATEMENT OF DR. CHARLES O'DONOVAN, OF 5 EAST READ STREET, BALTIMORE, MD.

Dr. O'DONOVAN. I am a practicing physician in Baltimore. I am a married man with four children. I am a citizen and taxpayer of the United States. In 1907 I was president of the Medical and Chirurgical Faculty of the State of Maryland, the State Medical Society, and was one of its two delegates to the recent meeting in Boston of the American Medical Society.

I am opposed to this bill for three reasons, the first of which is that it is a distinct——

Mr. MAPES (interposing). I do not want to interrupt you, but how many doctors attended that meeting in Boston?

Dr. O'DONOVAN. In the house of delegates 126 were registered; the total number of doctors, from every State of the United States registered in Boston was 5,437. It is organized very much like the United States Government with a house of delegates, which is not the general meeting, but each State, according to the number of its members in its State society, is entitled to so many members in the house of delegates. Maryland is entitled to two, and I was one of them.

Mr. MAPES. Then there were between 100 and 200 men representing the profession there?

Dr. O'DONOVAN. Yes; in the house of delegates which is the business part of the association. The scientific sessions were attended by 5,437.

For three reasons I am opposed to this bill. The first one is that it is a distinct, unjustifiable invasion by the Federal Government of the privileges, immunities, and the duties of each State. It places in the hands of a chief of bureau, in the Department of Labor, such power of direction and coercion of the various States as to be utterly destructive of our theory of government. It is an unholy deification of bureaucracy.

Second, it means an enormous expense, because the initial expense is only an entering wedge. I will show in a few moments that it would be impossible to do what is proposed with this amount of money. I, as a citizen and as a taxpayer, content that you should not, as our Representative, saddle upon us any further expenses. Economy is necessary at the present time. In governmental financing we do not know where we stand. The papers we read this very day speak of $300,000,000 additional as being necessary to be appropriated for the debts of the Shipping Board, and any additional expense, either immediate or prospective, would be unwise. This is a continuing appropriation, as I will show in a moment; a form of appropriation which invites extravagance. This is not the time to undertake any experiments of character which will cause so great an expense.

And the third reason, I am opposed to it is because it can not possibly perform what it appears to promise. This will appear as we read the bill itself.

The first thing I object to in the bill is on line 6 of the first page where it says, "For the purpose of cooperating with the States." Very few States desire this cooperation, and surely no State would welcome such cooperation as is proposed in this bill. The purposes of the bill are good but its methods are bad, and the bill is unnecessary. In the beginning, it says "cooperate," page 1, line 8, and later on it coerces the States by putting it within the power of the chief of the Children's Bureau to withhold, page 8, line 4, from the States the money to which they will be entitled under the bill, and which they are themselves taxed to pay. The United States Government gives back to the States money it has taken from the States. This Government does not create any money, but acquires it by taxation within the States. It takes the State's money out of one pocket and then gives it back into the other, or withholds it at the discretion of the chief of the Children's Bureau. Let the States do this work themselves. It is manifestly their work, and in most instances is being very well done already. Surely the United States Government has enough to do without thus meddling in purely local affairs.

In section 2, on the second page, line 7, there is this language: "is permanently authorized to be appropriated * * * $480,000." Here is a continuing appropriation. It is one of those continuing appropriations which all taxpayers and all Congressmen are now endeavoring to get away from. A continuing appropriation is like a bad habit—easy to begin, but next to impossible to avoid or control. This small amount of $480,000 a year is a permanent substructure, upon which foundation can be built any huge amount which subsequently may be desired. Then it appropriates $1,000,000 for the administration of the work, to be divided up amongst the different States according to their population. To accomplish anything this amount of money must grow—$1,000,000 divided up amongst 105,000,000 people in the United States amounts to little. There are 5,000,000 prospective beneficiaries under this bill in the country, because there are 2,500,000 children born in the United States every year, and inasmuch as the pregnant time or the nursing time of every woman lasts usually through two years, there must be 5,000,000 women who are entitled to benefit under this appropriation. It is true that this amount must be matched by the States, if their citizens are to acquire any interest in it at all. If they do not match it they receive nothing. They do not escape taxation, but what they pay in taxes is distributed amongst the more subservient States. Many of you are married and are familiar with the expenses of pregnancy and parturition. Do you think the sums appropriated by this bill at all sufficient to handle such cases? It would be about 20 cents for each pregnant woman. As a doctor, I never heard of such a thing. I foresee early efforts to increase these appropriations enormously. It seems to point directly to pensions for the pregnant. It opens up unlimited possibilities both socialistic and bureaucratic, a cycle of expensive administration that bewilders me.

Now, no part of this money is to be given to any State until the State shall have appropriated an equal sum. So that the increasing appropriations of the Government call for nearly double the amounts, and all from the taxpaying people already groaning under their load of taxation. No wonder we fear the too-evident possibilities of this bill.

Section 3 provides that the Children's Bureau of the Department of Labor shall administer the provisions of this act, and the chief of the Children's Bureau shall be the executive officer. If time permitted, I should like to show you what are the duties (p. 351 of the Congressional Directory) of the Children's Bureau. The act which created it did not say anything at all about activities of this sort, but it is full of other work. Any additional work in the bureau means an increase of expense—in this case a very great increase. This must be paid for by the taxpayers, and there will be an enormous expansion of appropriations. The Chief of the Children's Bureau is given under this bill most unusual power. It is true that she is authorized to form a committee for consultation. The language is, "The Chief of the Children's Bureau, as executive officer, is hereby authorized to form an advisory committee to consult with," etc. Now, who is to be this committee? You will be astonished, although I suppose you have already read it. The committee is to consist of the Secretary of Agriculture—this seems a joke; boll weevil and hog cholera and peanuts and babies; the author of this bill surely nodded at this stage—the Surgeon General of the United States Public Health Service, and I think he has his hands pretty full with the United States Public Health Service along other lines, and the United States Commissioner of Education, whose mind should be so engrossed by other grave studies of child life that he can have little time to study the needs of pregnant or nursing women. I think the Chief of the Children's Bureau would get but little help from such a committee. She can consult with them or not, as she may elect, but she can disregard entirely any advice they may give—I say she, because the chief of this bureau happens to be a lady at present, but it may be a man.

I come now to the States.

"That in order to secure the benefit of the appropriations authorized in section 2 of this act, any State shall, through the legislative authority thereof, accept the provisions of this act and designate or authorize the creation of a State agency with which the Children's Bureau shall have all necessary powers to cooperate."

That is the point, of course, that Judge Towner brought out day before yesterday in his cross-examination of one of the witnesses. He says that the power is in the States. Yes; the States are supposed to have these bureaus, and they probably have them, and they can cooperate with the bureau if they desire to do so. Suppose they do not wish to cooperate; they are taxed anyhow. If they do not cooperate, they do not get back any of the money. And who is to say whether they are cooperating or not—the Chief of the Children's Bureau, as will appear in a few moments.

Then follows the details of administration, and it is provided that any money not used shall be turned back into the Treasury, to be redivided subsequently.

The Children's Bureau is authorized to employ—here comes the pickings—from the eligible lists of the Civil Service Commission such assistants, clerks, and other persons in the city of Washington—and elsewhere, to purchase such supplies, material, equipment, etc., and it is provided in another part of the bill that not more than 5 per cent of the gross amount shall be appropriated for this particular part, the administration of the act. Now, I ask you gentlemen, as Congressmen, living here in Washington and knowing what clerks can do, how many clerks or how much administration in Washington, and presumably in the States also, although it does not say so, can be had for 5 per cent of $1,000,000, or even $2,000,000, if they match it, and $480,000. You know very well that that will not go very far in the purchase of equipment and the employment of nurses, so that one of two things must happen, the compensation must be increased, or very little will be accomplished. You have a permanent appropriation here to which any amount can be added, and you know perfectly well the tendency of the various bureaus once they get a foundation. It simply grows and grows and grows; and everybody pays his share, although his burden of taxation is already most distressing. I, as a taxpayer, oppose most strenuously this increased burden; and many others with whom I have discussed this bill are unanimously opposed to it for that same reason.

Section 8 provides that any State desiring to avail itself of the benefits of this act shall submit—now, first, they said cooperate, page 1, line 6, and now the bill says, "shall submit to the Children's Bureau for its approval its plans, and those plans shall be in conformity with the provisions of this act," etc. The States make the plans of administration for themselves, and must then submit those plans to the chief of the Children's Bureau who approves them or not. Now, this particular part of the bill I can not discuss fully because of the short time allowed me, but it is vehemently opposed by all thoughtful people I have talked with in reference to it. There is where the Government is interfering most improperly with the activities belonging solely to individual States. My own State of Maryland, which the chairman was kind enough to refer to, has this work going well in hand. Everything is going on excellently, and why should we come down here to Washington and ask the chief of the Children's Bureau to approve what is perfectly satisfactory to us? We are paying for it with our own money, and managing it satisfactorily in our own way. Why should we ask of the Government for a return of certain taxes and for their approval? Certainly we prefer our own method, and are willing to pay ourselves for our own work. Suppose the chief of the bureau should say, "I do not approve of this thing at all as Maryland does it; you must do it in the way I tell you." What are we going to do? If we should refuse to submit to the dictation of the chief of the Children's Bureau, what money we should have been entitled to would be withheld from us and given to States more submissive; and that applies not only to the State of Maryland but to every other State. I ask, Is this just? There is not a State in this Union which could not, if it would, carry out this work far better than any central bureau. It is a local question and should be managed locally.

The bill also provides that the plans shall be in conformity with the provisions of this act. Who is to determine that? This decision, of greatest importance, is given absolutely to the Chief of the Children's Bureau, and I do not think there is a man or woman in the United States who possesses or should possess such power. One individual shall determine concerning the health and the welfare of about 5,000,000 women in their most important time. It is the same thing that Mr. Hawes objected to when he said he thought it was a very unfortunate thing in the bill. The powers thus delegated should be very carefully limited; they should be defined most strictly and not left to the whim of a head of a bureau. Such legislation is most reprehensible, especially in a democracy, and lays the foundation for autocracy or revolution. As a father I could not bear to look my children in the face if I should tamely submit to the enactment of such laws. It may easily lead to such tyranny as our forefathers opposed

in open battle. I pray you, gentlemen, think seriously before you recommend such legislation in this free country.

From the decision of the chief of bureau there is one appeal. On page 8, line 9, it says: "If any allotment is withheld from any State, the State agency of such State may appeal to the Secretary of Labor."

The Secretary of Labor appoints the head of the Children's Bureau; it is in his department. It is an appeal from a subordinate to his chief. What kind of a ruling would you get under those circumstances? What happens if the State should appeal, and say, "We will not accept that ruling." The bureau will say, "This is our final decision; accept it or you get no money." That may be a small thing in Nevada, which pays very little in taxes, but to the great State of New York it would be a different matter. The principle is wrong. No individual should have such power over any State.

Section 10 of the bill provides:

"That the facilities provided for any State agencies cooperating under the provisions of this act shall be available for all residents of the State."

Can anybody tell me how 5,000,000 women could avail themselves of this so as to get much out of it? The act appropriates $1,000,000 and calls upon the States to appropriate another $1,000,000. It does not say whether that is in addition to what is already being appropriated for this work in different States. This to me seems a very serious defect in the bill. When we propose to spend millions, we should very carefully define exactly how and for what these millions are to be spent. No loophole should be left through which additional expenditures could be passed, money is too scarce in the people's homes to have it wasted by carelessness at Washington.

This bill provides that—

"On or before the 1st day of January and quarterly thereafter the Children's Bureau shall certify to the Secretary of the Treasury the amount to which each State is entitled under the provisions of this act."

That is the way the States get the money. Every three months they have to make a report, a statistical report. Every three months. Thus often the State bureau must make a report to the head of the Children's Bureau in Washington as to what is going on; how the money is being spent, and how many mothers are pregnant; how many children are nursing, etc. They will have to make reports every three months to cover 5,000,000 women and 2,500,000 babies. You can readily understand that 5 per cent of an appropriation of this sort will hardly begin to furnish statistics of this sort. Consider for a moment the offices and office force required to handle and digest such masses of statistics. Remember what happened when statistics of 4,000,000 men were handled during our late war, and this bill proposes to tabulate and care for 7,500,000. It is entirely too much to call upon the people to finance. No one can possibly foresee the cost of it; it is not for one or two years, but permanently. Consider the enormity and the expense of the old pension bureau, which handled 250,000; but this bill smilingly attempts the impossible when it assumes charge over 7,500,000.

What does it do for the women and children themselves? Apparently nothing beyond "popular nontechnical instruction." (P. 7, line 3.)

Section 13 of the bill provides:

"That no portion of any moneys apportioned under this act for the benefit of the States shall be applied, directly or indirectly, to the purchase, erection, preservation, or repair of any building or buildings or equipment, or for the purchase or rental of any buildings or lands."

It is one thing to tell people how to take care of themselves; it is quite another to have them do it. Lectures, letters, printed reports, and statistics may be good in themselves, but they mean nothing to those for whose good this bill is intended. My experience teaches me that it will be only money thrown away. It will pay salaries to a good many clerks, it will make jobs for place hunters; but its enormous expense will produce no results to justify it.

In the act creating the Children's Bureau, to which I ask your attention for just a moment, you will see that the Children's Bureau already has authority to collect statistics and make reports on these matters. It says:

"That said bureau shall investigate and report to said department upon all matters pertaining to the welfare of children and childlife among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories. The chief of said division may from time to time publish the results of these investigations in such manner and to such extent as may be prescribed by the Secretary of Commerce and Labor."

That seems sufficiently broad. This bill gives the Children's Bureau an opportunity to spend more money on reports, bad enough in itself, but it also gives to its chief the tremendous, indefinite, autocratic power over the States already referred to.

The CHAIRMAN. Doctor, you have three minutes remaining.

Dr. O'DONOVAN. I will conclude in that time.

Going back to my first proposition; it is not the business of the United States to undertake this activity, the indefinite "general welfare" clause of the Constitution must be strained greatly to include this very specific activity. It is a matter entirely outside of the powers delegated to the United States; moreover, it is already being done very well by the States themselves. It gives power to the United States Government to coerce the States in matters which are entirely, as we understand the Constitution of the United States, within the rights of the States. How this can be put under the general welfare clause, in the preamble and the first article of the Constitution of the United States, defining the powers of Congress, exceeds my understanding. The tenth article (amendment) of the Constitution offered by Massachusetts, expressly reserves such powers to the States, as you gentlemen perfectly well know. It puts into the hands of the head of the Children's Bureau autocratic powers, which no citizen of the United States who loves liberty can consider without horror and anxiety. It furnishes opportunities for the invasion of private rights—I was about to say, almost as much as we have in the Volstead act. There is too much Governmental interference in private affairs, at the present time. The most intimate human relations, a most tender subject for discussion, the most private time of a woman's life is interfered with, or can be interfered with, by hired public officials under bureaucratic authority. I have no doubt that this bill, if it should pass, will be administered in a way that is utterly repulsive to our present conception of private family rights. It implies that pregnancy and maternity are not properly handled now. As a physician and as a father, I protest against such a libel. The sacred states of probable and actual maternity are safeguarded now by the tenderest care throughout this land. Maternity in these United States needs no "public protection."

Concerning the second point, I think you will agree, having in mind what has occurred in the Shipping Board, that this is no time for making experiments of an expensive nature. This is the time for retrenchment. The people of this country everywhere are groaning under the burdens of taxation; I suppose you gentlemen feel it yourselves. I know there are others who do. This is no time for this experiment which promises to be very expensive. To force it upon a people staggering under a debt of twenty-four billions would be utterly reprehensible in Congress. When we chose this Congress it was distinctly understood that economy should be enforced rigidly. I am sure I voted for Mr. Linthicum as my Representative with that understanding. Seven million majority swept out the old administration that incurred our great debt, and now we call upon you to carry out our demand for retrenchment. The people have ordered and expect an economical administration; they expect this Government to be even parsimonious for the present and not to embark on these expensive experiments which are fraught with such signal opportunities for large expenditures, causing the taxpayers to lie awake at night. Do not build any more bureaus that will produce no results, as far as we can see, except to increase the number of officeholders at the expense of the taxpayer.

The CHAIRMAN. We are very much obliged to you, Dr. O'Donovan.

(Thereupon the committee adjourned to meet in executive session at 2 o'clock p.m.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Friday, July 22, 1921.

The committee met at 10 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. If the committee will come to order we will proceed with the hearing.

The Chair will call on Mr. Adriaans, who will be given 20 minutes in which to make his statement.

STATEMENT OF MR. JOHN H. ADRIAANS, ATTORNEY, 56 C STREET NW., WASHINGTON, D. C.

Mr. ADRIAANS. The bill, S. 1039, and its report, 61, Sixty-seventh Congress, while similar to S. 3259, calendar 602, and its report, 650, of the Sixty-sixth Congress, second session, which was practically identical with H. R. 10925 of the Sixty-sixth Congress, second session, are not the same.

The amount therein named of $4,000,000 has been reduced to $1,480,000, and other changes have been made.

Mr. NEWTON. I wish the witness, before he proceeds, would give us his name and business.

Mr. ADRIAANS. I have done so.

Mr. NEWTON. Will you please repeat it.

Mr. ADRIAANS. My name is John H. Adriaans; I am an attorney of Washington, D. C., and a member of the bar of the Supreme Court of the United States.

Mr. NEWTON. Do you appear for yourself?

Mr. ADRIAANS. Yes; I do not represent any organization.

The CHAIRMAN. You may proceed.

Mr. ADRIAANS. A comparison of Report 61, Sixty-seventh Congress, first session, page 3, with Report 650, Sixty-sixth Congress, second session, page 4, will show identical indorsers; and whether they indorsed S. 3259 of the Sixty-sixth Congress or S. 1039 of the Sixty-seventh Congress, does not appear satisfactorily.

At the threshold of the consideration of S. 1039 are confronted with the jurisdictional question whether the bill contemplates medical or education service. In the former event it belongs to the Committee on Interstate and Foreign Commerce, having control over the Public Health Service; in the latter event, it belongs to the Committee on Education. The bill internally suggests the latter reference.

The jurisdictional question involves the scope of this bill as follows:

First, does it involve delivery of the child? It is then medical in the first degree.

Second, does it involve incidental aid in delivery? It is medical in the second degree.

Third, does it involve prenatal and postnatal advice? It is then educational in the third degree.

The bill says that its purpose is, "promoting the care of maternity and infancy in the several States; to provide instruction in the hygiene of maternity and infancy."

The bill does not contemplate supervising delivery of the child, or prenatal or postnatal incidents thereof. It aims rather at teaching hygiene on both sides of the principal event, as well for the benefit of the prospective mother as of the child.

The indefinite words "promoting the care of maternity and infancy" of section 1 are attempted to be clarified by the words "providing the services and facility specified in this act," in section 2, which, in turn, are made more definite by the words "instruction to the residents of the various States on the hygiene of infancy and maternity" of section 9.

It is apparent then that instruction is intended by the bill, which indicates that the Committee on Education is the proper forum to consider the same; and the words "qualified lecturers" in section 9 confirms this view.

If the bill is medical in its nature, and is properly before the present committee because of its jurisdiction over the Public Health Service, then as a logical consequence, administration of the fund provided thereby, should be under the control of the Public Health Service, and not under the control of the Children's Bureau.

The bill lodges entirely too much power in the chief of this bureau, for which no previous aptitude has been exhibited. The mere fact that this bureau has a staff of female physicians for consultation, does not alter the responsibility of the chief, a lay person.

Whether the bill encroaches on the power of the States, is a matter which I desire to discuss with you. In that connection, if the chairman please and gentlemen of the committee, I shall go very briefly into a little outline of the contemplated functions assigned by the founders of our Constitution to the States on the one side and to the Federal Government on the other.

By Article I, section 1, of the Constitution, we are advised that "all legislative powers herein granted shall be vested in the Congress of the United States."

And by sections 8 and 9 of Article I, all the powers granted are enumerated; all others, not granted, are reserved to each State by amendments 9 and 10.

The only clause that I apprehend has any relevancy to the matter now engaging the attention of this committee is clause 1 of section 8 of Article I, which provides for the general welfare.

Now, there is in this country a dual form of government, whereby a citizen of a State owes supreme allegiance to his State as to all matters within its domain, and the same person, as a citizen of the United States, owes supreme allegiance to the Federal Government as to all matters within its sphere.

Where is the line of demarcation between the two governments? All powers not given to Congress by the Constitution, by sections 8 and 9 of Article I, are reserved to the States by amendments 9 and 10.

Each State is a sovereign, having a republican form of government.

Any encroachment by the Federal powers on the State powers is to be as jealously combated as an encroachment by the State powers on the Federal powers. Each must maintain its sphere. The mingling of State and Federal funds under Federal control violates the autonomy of the State, and encroaches the State powers by the Federal powers; deprivation of Federal fund follows violation of Federal control.

In this connection, if you please, Mr. Chairman and gentlemen of the committee, I have a decision of the Supreme Court of the United States which is exactly in point. It is the case of South Carolina *v.* The United States, decided in 1905, the decision being found in the One hundred and ninety-ninth United States, 437. In that case, the court says:

"The National Government is one of enumerated powers, and a power enumerated and delegated by the Constitution to Congress is comprehensive and complete, without other limitations than those found in the Constitution itself. To preserve the even balance between the national and State governments and hold each in its respective sphere is the duty of all courts, and preeminently of this court."

So I take it that you are confronted at the threshold of this question with the matter of whether or not this bill encroaches on the State powers. And correlative to that is the question whether its enactment produces duplication of State with Federal service. In my judgment it does.

Whether the bill is consistent with the present policy to reduce expenditures and taxation. In that connection, allow me to invite attention to the Reavis resolution, which aims at preventing duplication of present service, and which was passed overwhelmingly in the present Congress and is now being executed. As to the policy of the Republican Party in reducing expenditures and reducing taxation, I have here an extract from the Evening Star of November 19, 1920, in which is an interview with Gov. Coolidge, of Massachusetts, then Vice President elect, in which he indicated that the policy of the Republican Party was in the direction of diminishing taxes and expenses of Government. Will I be permitted to put that into the record?

The CHAIRMAN. Yes.

(The newspaper extract referred to is here printed in full, as follows:)

"PEACE WILL TAKE TIME, DECLARES GOV. COOLIDGE—PREDICTS NEW ADMINISTRATION WILL TAKE STEPS TO ELIMINATE HIGH COST OF LIVING AND REVISE TAXES.

"BOSTON, *November 19.*

"Gov. Coolidge, Vice President-elect, in an address before the Lincoln Club last night, said that it was 'going to take time to make an American peace that will be satisfactory to the American people, and until this is done the new administration will not have much time for economic questions.'

"He predicted, however, that the new administration will take steps to eliminate 'the present high cost of government' and 'revise the taxation system.'

"'The Republican Party has always been able to end extravagance,' he said, 'and when this is done and done thoroughly, I think we shall see a great reduction in the cost of living, for high cost of government always means that high cost of living is rampant.' He urged the people to have patience until the many necessary reforms can be brought about."

Mr. ADRIAANS. And, also, I wish to put into the record an article taken from the Evening Star of July 20, 1921, showing that Gen. Dawes is aiming to reduce the expenditures of the different departments of the Government, and while other departments of the Government are vying with each other in aiding Gen. Dawes in his efforts, the Labor Department has only offered to reduce its expenditures by $10,000, when other departments are going into the millions in cutting their expenditures.

Mr. JOHNSON. Mr. Chairman, I do not know what the custom is about putting all these documents into the record. I am expressing no opinion as to how I stand on this bill, because I have an open mind. Personally, I raise an objection to putting these documents into the record?

The CHAIRMAN. Do you object to it?

Mr. JOHNSON. Yes, sir.

The CHAIRMAN. The Chair will leave it to the committee as to whether it shall be included in the record or not.

Mr. WEBSTER. Mr. Chairman, I do not want to argue this matter, but I think that any newspaper extracts, or anything that sheds any light on the matter we are considering, unless it unduly burdens the record, should be permitted to go in.

Mr. JOHNSON. That is the point I make, Judge Webster. We have all read the statements of Gen. Dawes as to his work and read them every afternoon. It is burdening the record to put these extracts in.

Mr. WEBSTER. By way of amendment to Mr. Johnson's motion, I move that the chairman be given authority to control the record in respect to filing and making a part of the hearings extracts from papers, documents, and the like; that it rest in the discretion of the chairman.

The CHAIRMAN. Is the committee ready to vote on that question?

Mr. JOHNSON. I think, Mr. Chairman, if we do that we might as well give the chairman authority to hold these hearings. I have great confidence in the chairman, but I do not think we should give him authority to control the record, or to hold the hearings. I do not object to anything in Gen. Dawes statement. The very thing Gen. Dawes complains of is the thing we are doing here. Gen. Dawes complains that this Government is wasteful, and we are permitting these matters to go into the record, and in that way we are wasteful. What I am trying to do is to cut these things out.

Mr. WEBSTER. Mr. Chairman, it is obvious that somebody must be in position to control the details of the printing of any hearings. My observation has been that it is generally done by the chairman without any special authorization. Surely the committee does not want to pass on every offer that is made to insert excerpts from newspapers and such matter in the record. It seems to me to be proper to leave the matter to the sound discretion of the chairman.

Mr. MAPES. Mr. Chairman, I wonder if the witness would not be willing to withdraw his request for the insertion of this in the record and avoid any further discussion of it.

The CHAIRMAN. I do not think the whole business is worth the time it takes to discuss it. If the gentleman had seen fit to state in his own way anything that was in this excerpt it would have saved all this time. Now we have wasted a number of minutes here talking about the matter.

Mr. WEBSTER. Will the chairman put my motion?

The CHAIRMAN. Mr. Webster moves that the chairman have discretion as to what matter shall go into the record.

(The motion was put and prevailed.)

The CHAIRMAN. I would say if anybody came in here with a pamphlet, I would object. But I think we would save time but letting him put it in, and save the time we use in talking.

Mr. JOHNSON. Now, I am not going to interrupt again if he talks all day, but my idea was that we are doing the very thing that Gen. Dawes said we ought to stop; that it costs the Government a lot of money to print documents of that kind, and Gen. Dawes' statement was to the effect that we ought to stop the waste, and that is the very thing I proposed to do.

The CHAIRMAN. The witness will please proceed.

Mr. ADRIAANS. The next question to present for the consideration of the committee is whether the bill constitutes an abuse of the taxing powers to divert money so raised to the purposes mentioned in the bill. It my judgment it does.

The futility of the proposed service is apparent, as it is apt to produce discord between the Federal and State Governments, instead of concord and cooperation.

That the bill commits the Federal Government to the tenets of socialism and paternalism is clear to my mind. No dereliction of service by the States is suggested needing national corrective.

The bill discriminates against the Territories and the District of Columbia, denying its proposed benefits to the Territories and the District of Columbia, notwithstanding the fact that the Territories and the District of Columbia are under the exclusive jurisdiction of Congress, and hence do not get this service except they get it from Congress.

No suggestion is made that the States do not already furnish the data mentioned in the bill or that a national reprint thereof is necessary.

Section 6 provides appropriations for lecturers, clerks, and supplies, creating propaganda work. It is obscure how babies would be saved or maternity facilitated by publishing statistics from States which are not even apt to be read thereafter.

A State that does not match a Federal appropriation or does not accept Federal conditions disqualifies itself thereby from the proposed benefits of the act. If no State so appropriates, no State gets such benefits, notwithstanding the bureau draws salaries and diminishes the appropriation meanwhile. The attitude of the States should be first ascertained from the legislatures and not its governors.

Section 6 conflicts with section 13 in that the first permits and the second disallows expenditures for rentals, etc. "Other expenses," in section 6 would include rentals.

It is not expectant mothers nor unborn babes whom the act should benefit, but doctors who conduct obstetrical operations. Action, not talk, is essential in producing births. No incompetency by doctors is hinted. Doctors are alert on this subject.

The bill creates a vicious precedent in that it provides for untoward incidents of childbirth and makes no provision for longevity at subsequent periods. It is as im-

portant to aid a child over scarlet fever and various other ailments children are subject to as it is to usher it alive into the world. Yet the bill authorizes no such service. The principle of this bill would warrant a duplication of medical service for every ailment that may terminate the child's life. Each species of medical service would be entirely independent of each other species. We would have numerous medical services each drawing sustenance at long range from the Federal Government without coordination between them.

The gestating mothers and the born and unborn babes of the District of Columbia, of Alaska, of American Samoa, of Guam, of Hawaii, of the Panama Canal Zone, of Porto Rico, of those enlisted and engaged in the United States military and naval service abroad, of the Philippine Islands, of the Virgin Islands do not appeal to the proponents of this legislation. That seven children died of influenza in one institution on or about December, 1920, gives them no concern. Their eyes are open and their ears are attuned only to the propsective mothers and babes within the boundaries of the sovereign States. And their purpose is to facilitate accouchements by lectures. In that connection, Mr. Chairman, I have a table which illustrates what I am now saying. It is significant that the philanthropic purposes of the proponents of this bill and this legislation, that the benefits of the bill are not intended for the District of Columbia, with its population of 437,571; for Alaska, with its population of 54,899; for American Samoa, with its population of 8,956; for Guam, with its population of 13,275; for Hawaii, with its population of 255,912; for the Panama Canal Zone, with its population of 22,858; for Porto Rico, with its population of 1,299,809; for those engaged in the military and naval service abroad, amounting to 117,238; for the Philippine Islands, with their population of 10,350,640; for the Virgin Islands, with their population of 26,951; making a total of 12,587,209.

I have here a clipping taken from the Evening Star of December 20, 1920, showing that seven infants died at St. Ann's Infant Asylum or hospital, at 2300 K Street, in the District of Columbia, which I would like to insert in the record, if I may.

The CHAIRMAN. Your statement will cover that.

Mr. ADRIAANS. That the Children's Bureau is wasting the public's money at the very time when the public is seeking relief from excessive taxation is apparent by a clipping from the Evening Star of December 20, 1920, which I have here and will put it into the record, indicating that an interstate committee had been authorized to prepare and approve plans for weighing and measuring babies. If Congress abolished the entire bureau it would be a step in the right direction of administering the cost of the Federal Government, with incidental relief to the citizens from unnecessary taxation.

Mr. ADRIAANS. While it is true that the principle of this bill—Federal and State cooperation—has been applied on other subjects—and I have a clipping here to that effect——

Mr. BARKLEY (interposing). Are these statements that the witness hands in to be published without action by the committee?

The CHAIRMAN. That is left, by action of the committee, for the chairman to decide.

Mr. BARKLEY. I am willing to do that.

Mr. ADRIAANS. I am willing they shall be excluded, if they are not pertinent to the question.

May I continue, Mr. Chairman?

The CHAIRMAN. Yes; you have about four minutes left.

Mr. ADRIAANS. While it is true that the principle of this bill—Federal and State cooperation—has been applied on other subjects, yet the question here is whether the subject matter of this bill is of such general importance as to apply this principle thereto. This opponent registers a negative on that question. To test the matter, if 25 legislatures appropriate their respective quotas to effectuate the bill, then utilization of the appropriation should commence; otherwise not. Moreover, the custody and control of the fund should be with the Public Health Service and not with the Children's Bureau.

The CHAIRMAN. Your time has expired, Mr. Adriaans. Does any gentleman care to ask him any questions?

Mr. NEWTON. Mr. Chairman, I should like to ask a question or two.

The CHAIRMAN. Mr. Newton.

Mr. NEWTON. Do I understand that you take the position that the Congress does not have the power, constitutionally, to pass legislation of this kind?

Mr. ADRIAANS. I say the only source of the power would be found in the clause pertaining to the general welfare.

Mr. NEWTON. Yes; now, do you claim that that clause is insufficient upon which to predicate power of this kind?

Mr. ADRIAANS. There has, of course, to be absolutely a line of demarcation between cases that come under that clause and cases that do not come under that clause.

Now, there have been some 10 or 12 decisions of the United States Supreme Court construing that clause, and if the gentleman wants to inform himself as to what the Supreme Court of the United States has decided on that subject, I am willing to furnish the gentleman with the decisions of the Supreme Court, showing its construction of that clause.

Mr. NEWTON. Well, I can find out what the decisions of the Supreme Court are. But I wanted to get the gentleman's viewpoint who is appearing before the committee, because——

Mr. ADRIAANS (interposing). In my mind it is stretching the general welfare clause too far.

Mr. NEWTON. That is what I am getting at.

Mr. ADRIAANS. Yes; it goes beyond the contemplated limits of those words, as I construe them.

Mr. NEWTON. That is what I wanted to get at.

Mr. ADRIAANS. Yes, sir.

Mr. NEWTON. Now, do you entertain the same view with reference to the Smith-Hughes Act, for example, which is an educational act pure and simple, whereby the Government donates to the States, on its appropriating a like sum, an amount of money for advancing vocational education?

Mr. ADRIAANS. Yes.

Mr. NEWTON. Do you entertain the same views?

Mr. ADRIAANS. The vocational education and, in fact, all species of education are to be referred to that same clause, and whether a particular line of service comes within or without that clause is to be referred, in the last analysis, to the sound judgment of Congress. I think there is danger of overstepping the bounds.

Mr. NEWTON. Of course, there is certainly a danger of going too far.

Mr. ADRIAANS. Yes; there is——

Mr. NEWTON (interposing). I wanted to know whether, in your judgment, Congress has gone too far in acts like the Smith-Hughes Act, or acts like the Fess Act, which was passed two years ago, wherein we appropriated money to be matched by like sums by the States for rehabilitation of those disabled in industry?

Mr. ADRIAANS. Well, I am not able to lay down offhand a line of demarcation; I would think myself presumptuous to do it, but there is clearly a limitation to that power. What was intended by the framers of the Constitution to be included in that and what was intended to be excluded from it is a question about which men may differ.

Mr. NEWTON. Yes; it is very hard to fix that line.

Mr. ADRIAANS. Yes, sir.

Mr. NEWTON. I agree with you that it is very difficult to fix that line.

Mr. ADRIAANS. Yes.

Mr. NEWTON. Now, you quoted from the case of South Carolina *v.* The United States.

Mr. ADRIAANS. Yes, sir.

Mr. NEWTON. That is a case growing out of the fact that the State of South Carolina conferred upon dispensaries or State agents the right to sell liquor?

Mr. ADRIAANS. Yes, sir.

Mr. NEWTON. I want to call your attention to an extract from that same opinion on page 448 of the opinion, as follows:

"Being a grant of powers to a government, its language is general; and as changes come in social and political life, it embraces in its grasp all new conditions which are within the scope of the powers in terms conferred. In other words, while the powers granted do not change, they apply from generation to generation to all things to which they are in their nature applicable."

Mr. ADRIAANS. Yes.

Mr. NEWTON. It continues:

"This in no manner abridges the fact of its changeless nature and meaning. Those things which are within its grants of power, as those grants were understood when made, are still within them; and those things not within them remain still excluded."

You subscribe to that, of course?

Mr. ADRIAANS. Yes, sir.

Mr. NEWTON. That is all.

The CHAIRMAN. Are there any further questions? If not, we are very much obliged to you, Mr. Adriaans.

Mr. ADRIAANS. I am very thankful to you, Mr. Chairman, and gentlemen of the committee, for your patience in listening to me.

The CHAIRMAN. Now, gentlemen of the committee, without objection, the chairman will reserve the right to edit this testimony to the extent of the matters requested to be inserted. The Chair hears no objection.

The next witness is Mrs. Putnam.

Mr. HAWES. Mr. Chairman, may I ask Mr. Adriaans a question?

The CHAIRMAN. Certainly.

Mr. HAWES. You, Mr. Adriaans, complain about this service being extended to the States, and then, on the other hand, you inquire why it is not extended to the Philippine Islands, Hawaii, and the Virgin Islands and the District of Columbia. It seems to me there is a marked inconsistemcy.

Mr. ADRIAANS. I am very glad, Mr. Hawes, that you called my attention to that. In alluding to the fact that these territories are omitted, I did not mean to say that it should be extended to the States. I only meant to draw attention to the fact of the discrimination; if this thing is good for the States, it will be equally good for the Territories; and if the Territories are to be excluded from the benefits of this act, by similarity of logic the States should be likewise excluded. My contention still is that there is an encroachment by the Federal Government on the powers of the States in this legislation and that it should not be applied in any State of this Union.

The CHAIRMAN. If that is all, we thank you, Mr. Adriaans. We will now hear Mrs. Putnam.

STATEMENT OF MRS. WILLIAM LOWELL PUTNAM, REPRESENTING THE WOMAN'S MUNICIPAL LEAGUE OF BOSTON, MASS.

The CHAIRMAN. Will you please give your name, and whom you represent?

Mrs. PUTNAM. My name is Mrs. William Lowell Putnam, and I represent the Woman's Municipal League, of Boston, which is behind me in this matter, and I also represent myself. My home is in Boston.

I say, Mr. Chairman and gentlemen, I represent myself, because I, I think, have perhaps some right to speak on this matter, as I made the initial experiment in prenatal care on which this bill is founded, and I should like to offer as credentials of my statement this pamphlet of Dr. J. Whitridge Williams. This pamphlet happens to be on the Significance of Syphilis in Prenatal Care and in the Causation of Foetal Deaths, but in this pamphlet he says this: "Indeed, I do not think I shall go far wrong when I state that the greatest credit in this respect belongs to Mrs. William Lowell Putnam, who some years ago organized at her own expense in Boston a small service in which women could be supervised during pregnancy for the purpose of instruction in the rudiments of the hygiene of pregnancy."

I have also a letter by a well-known obstetrician of Boston, who is connected with the Boston lying-in hospital, in answer to a letter published in the Medical Journal, by Dr. Oppenheimer, of the Children's Bureau. I regret I have not Dr. Oppenheimer's letter here. She was advocating the bill, and her letter was in answer to a letter of mine which the Medical Journal published, of which I have a reprint here. In her letter she said that the reason I opposed the bill was because I did not understand the conditions. So Dr. Huntington wrote: "Her charge that Mrs. Putnam's objection is based on insufficient knowledge is perfectly ridiculous. The point is that Mrs. Putnam, who has taught the world the value of the prenatal nurse, knows that a division of hygiene composed largely of pediatricians is not equipped for the job of teaching the United States of America better obstetrics."

I am sorry I have to speak of these things in my own behalf; it sounds a little obnoxious, but otherwise you might not know that I was qualified to speak.

Now, I have two objections to this bill. In the first place, I doubt very much its legality. The police power of the several States has never been given over by them to the Federal Government. Of course, the public health is a part of the police power, excepting in matters of quarantine for either foreign or domestic affairs, it is a matter for the State jurisdiction for it concerns the State alone. When it is interstate matter, as in the case of contagious diseases, it is under the Federal control.

No one can suggest that pregnancy is a contagious malady. Sometimes, with the diminishing population, I wish it were.

I should like to mention in this connection, that I myself have had five children; I have eight grandchildren, the oldest one being 5, so there is no race suicide in my family.

I do not mind in the least being interrupted at any moment with any question, so if anyone wants to interrupt me, I should be glad to have him do so.

A great many other bills and laws have been mentioned to prove that such legislation is correct. For instance, the good roads law is mentioned, and the child labor law, and the law with reference to venereal diseases, etc.; but they involve an entirely different principle. In the good roads law, for instance, the roads to be of use must go on, regardless of State boundaries, and, of course, the primary reason for the enactment of such a law is that there shall be good roads in case of war for the

transportation of troops and supplies, and therefore they must go from one State to another across the country.

In regard to child labor, that is a matter in which the Federal Government must come to the help of the State government, and it is a subject with which the State government can not deal with alone without putting the States which have good child labor laws at the mercy of those which have not. The only protection for the States is in having such laws uniform.

The matter of the control of venereal diseases, of course, comes under the head of contagion.

I think it will be found that all other legislation follows the same general lines.

Of course, the Smith-Towner bill does not, and therefore it meets with exactly the same objection as this bill.

Mr. NEWTON. May I ask you a question there?

Mrs. PUTNAM. Certainly.

Mr. NEWTON. Do you entertain the same views with reference to the Smith-Hughes Act, for example?

Mrs. PUTNAM. I am sorry to say that I am not familiar with the Smith-Hughes Act and so I can not answer that question.

Mr. NEWTON. My recollection of the Smith-Hughes Act is that the Federal Government appropriates a certain amount of money each year; it is allotted to the several States according to population, providing that that State sets apart for the same purpose at least a like sum of money, to be used for the furthering of vocational education.

Mrs. PUTNAM. I have no doubt your statement is perfectly correct, but I could not express an opinion without reading the act and studying it very carefully.

Mr. NEWTON. Then, there is what is known as the Fess Act, wherein the Federal Government appropriates money to the various States according to population, providing that the States appropriate at least a like sum, and those appropriations are to be used for the rehabilitation of men or women who have become diseased in industry.

Mrs. PUTNAM. That is in the same situation. I am sorry to say I am not familiar with those acts, and therefore I can not express an opinion.

The whole idea of legislation of this sort, however, is to favor paternalism, and if a country becomes paternalistic, inevitably the virility of the population is destroyed.

Now, supposing, however, that I am wrong, and that there should be such legislation, then the question arises as to the Children's Bureau being the proper place for the administration of this act. And in that connection, I think we might study some of the statements made by some of the proponents of this bill, Dr. Baker, Dr. Van Ingen, Dr. Potter, and Dr. Foote, the four doctors who were put on the stand by the proponents of the bill. Those four doctors who were put forward by the proponents of the bill all admitted that medical care was necessary; they all admitted that every woman should see a doctor during her pregnancy, if possible.

Possibility has no application here, because if it is not possible, of course, she can not do it, so we might as well omit those two words. They should see a doctor; every medical person testifying agreed to that. Now, that is a very striking agreement, so much so, that it was absolutely unavailing.

There is a good deal of distinction which should be made here, in all the testimony which has been given by the proponents of the bill. In all this testimony, there has been a confusion between child hygiene and maternity care. The two are not synonymous. The statements of Dr. Baker and the others were largely concerned with child hygiene, and in all of those statements, they dwelt greatly on the educational feature. The educational feature is really the principal thing needed in child hygiene, because there is no reason, if a child is born right—I am taking child hygiene now as coming after the first month of life—if a child is born right and started right and taken proper care of, there is no reason why it should ever need medical care. Medical information can be given through books which are written on the subject by qualified physicians, and through their training given to nurses and filtered down through the nurses to the patients. Medical care is absolutely unnecessary in that case, unless the child becomes ill.

This is not true of maternity care. Maternity inevitably involves danger. I must speak somewhat frankly on these subjects, else I can not make myself clear. Pregnancy is almost always accompanied—indeed it is apt to be one of the first symptoms which convinces a woman that she is pregnant—by nausea in the morning, commonly called morning sickness. That is a form of toxaemia, undoubtedly. A perfectly normal woman probably would not have that nausea at all. But normal unfortunately, is an entirely different thing from usual; and there are comparatively few people who are completely normal. That morning sickness, which is thought little or nothing of, is undoubtedly a form of toxaemia. The exact reason for it has

not yet been discovered, but it is unquestionably due to something in the foetal circulation, which has poisonous effect upon the mother, and sometimes if this nausea is allowed to continue unchecked, it may result in pernicious vomiting, which is a very dangerous thing.

Another form of toxaemia, which is the most dangerous of all, is commonly called convulsions, which is the common name for eclampsia; that is the most serious danger of pregnancy.

And if you noticed the statistics which have been given you, some of which were reliable, though some were not, the number of deaths from puerperal septicemia (that is an infection usually acquired from dirty attendants at the birth), have been reduced, but the deaths from albuminuria or eclampsia, which occurs most commonly during pregnancy have not been reduced; they have rather been increased.

There is no question that something is needed for the protection of the pregnant woman. The question is what is needed? Is this bill going to furnish it?

Now, I have just mentioned that Dr. Williams had kindly given me the credit for starting this work. Dr. Williams has been quoted often in the hearings here as being opposed to this bill. Let me read you a few lines of what he says in the only testimony which he gave that would indicate his mind, which was the testimony referred to by the proponents.

The CHAIRMAN. Just let me interrupt you. Do you refer to Dr. Williams, of Baltimore?

Mrs. PUTNAM. Dr. J. Whitridge Williams, of Baltimore.

The CHAIRMAN. You just said that he had been referred to as opposing this bill; you mean he has been referred to as favoring the bill?

Mrs. PUTNAM. The proponents said that he was in favor of it.

The CHAIRMAN. You just said that he was quoted as being opposed to it.

Mrs. PUTNAM. I beg your pardon; it was a slip of the tongue. I should have said that he has been quoted as being in favor of it. He spoke at one hearing with the propenents of this bill, and this is what he said. It was in the Sixty-sixth Congress, at their session, last year, last December, 1920.

Mr. NEWTON. In the House or in the Senate?

Mrs. PUTNAM. In the Senate hearing. [Reading.] "I am not altogether prepared to express an opinion concerning the exact details of the bill, but I should be glad to say a few words on the need for similar aid along the lines of the bill."

That is the nearest approach of Dr. Williams toward favoring the bill.

The CHAIRMAN. I might make another interruption: The reason I mentioned that was to state that there is a letter on file here, which will be introduced and referred to in the report, from Dr. Williams, dated the 12th day of July, in which he says flatly that he is opposed to the bill.

Mrs. PUTNAM. He has written me one or two letters to the same effect.

The CHAIRMAN. If there is any desire for the letter now we will have it brought in at this moment.

Mrs. PUTNAM. Now, education is much dwelt on in this bill. Now, as I said, you can educate in child hygiene; you can very wisely educate the mother in this. But can you educate her in maternity care? What can you do? You can teach the mother exactly one thing: Who, what kind, and what quality of physician she should call in, and that is all you can do, except to tell her to drink a certain amount of water, and to rest, and to eat a certain amount of wholesome food, and to be reasonable in everything she does. And it takes just about the length of time I have taken to tell it, and that is all.

You can not instruct an expectant mother how to overcome pelvic abnormalities, prevent postpartum hemorrhage, to prevent infection at the hands of poorly trained nurses, midwives, and physicians, to emerge alive from an attack of pneumonia or typhoid fever occurring at certain stages of pregnancy or to prevent the toll of maternal deaths shortly after childbirth in the case of tuberculous women. These are some of the great dangers. You can not take care of these by education; no education of the mother can overcome them.

I feel like quoting from the Book of Job, where the Lord answered Job out of the whirlwind, and said, "Who is this that darkeneth counsel by words without knowledge?"

I want to quote a little from the bill, because it has been talked about a great deal here, and, naturally it is the important thing we have to study. It is a singularly loosely drawn bill. It does not seem to me to mean anything in some spots; at least, I can not understand what it means. Now, for instance, in the very first paragraph it says—I have here the corrected Senate copy—with the Senate amendments:

"That there is hereby authorized to be appropriated annually, out of any money in the Treasury not otherwise appropriated, the sums authorized in section 2 of this act,

to be paid to the several States for the purpose of cooperating with the States in promoting the care of maternity and infancy in the several States; to provide instruction in the hygiene of maternity and infancy."

Does it mean what it says, that this money is paid to the States for "the purpose of" cooperating with them, or is it paid to encourage and enable them to do the work?

Section 2 says:

"That for the purpose of paying the expenses of said cooperative work in providing the services and facilities specified in this act." What are the expenses of said cooperative work? Does it mean the work of the Government, or the States, or what?

Then, again, here is a result that is very interseting: The bill appropriates the sum of $480,000 for each year, $10,000 of which shall be paid annually to each State, in the manner provided in the bill. Did you know that the State of Minnesota had already passed a law, through its legislature, that it would accept this $10,000?

Mr. NEWTON. That is my own State; it has.

Mrs. PUTNAM. I had it from the health officer direct, so I also knew it. In accepting this money the State does not have to appropriate any itself; it has a right to have this $10,000 outright and spend it as it chooses. I do not know whether this was contemplated by the bill or not.

Again, with reference to the advisory committee:

"The chief of the Children's Bureau, as executive officer, is hereby authorized to form an advisory committee to consult with the chief of the Children's Bureau and to advise concerning any problems which may arise in connection with the carrying out of the provisions of this act."

Though the appointment of this advisory committee be made mandatory it amounts to nothing; it can not consult with the States. But with the chief of the Children's Bureau. It is easier to give advice than to have it taken. I think the younger generation have taught us that. Advice is free, but the chief of the Children's Bureau is under no compulsion to take it.

"The Children's Bureau shall have charge of all matters concerning the administration of this act,"—that has not been generally quoted. It is in section 3 of the act.—"and shall have power to cooperate with the State agencies authorized to carry out the provisions of this act. It shall be the duty of the Children's Bureau to make or cause to be made such studies, investigations, and reports as will promote the efficient administration of this act."

That seems to give it a good deal of power to put its finger into the States.

Now, of course, we have been told that this is a woman's measure. Here it comes out:

"The Children's Bureau may recommend to the State agencies cooperating under this act the appointment of advisory committees, both State and local, to assist in carrying out the purposes of this act; the members of such advisory committees shall be selected by the State agencies, and at least half of such members shall be women, all of the members of which advisory committee shall serve without compensation."

I think myself that the men are as much interested as the women in this act. So it goes on. I will not bother you by reading it all. It seems to me it is difficult to understant, in spots, what it does mean.

But in section 8 it is perfectly clear:

"That any State desiring to avail itself of the benefits of this act shall, by its agency described in section 4, submit to the Children's Bureau for its approval detailed plans for carrying out the provisions of this act. These plans shall include the provisions to be made in the State for the administration of the act; the provision for instruction in the hygiene of maternity and infancy through public-health nurses, consultation centers, and other suitable methods."

Now, Dr. Humiston, when he was speaking here, made a little slip. He said that the Children's Bureau was to make the rules to which the States must subscribe. There is no such provision in the bill, but for practical purposes it is the same thing; they have a right to pass on the plans made by every State.

There is a very interesting thing here in section 9. Each State is allowed, by section 4, to create a State agency, and under section 9 "the State agency described in section 4 is authorized to arrange with any educational institution for the provision of extension courses by qualified lecturers" on the subject of hygiene of infancy and maternity and related subjects. Who shall decide what lecturers are qualified and what they are qualified to do? The section continues: "*Provided*, That not more than 25 per centum of the sums granted by the United States to a State under this act shall be used for this purpose."

Twenty-five per cent of all that money, averaging more than $20,000 for each State, a total of $250,000, may go to people who are qualified, nobody knows by whom, to talk on these subjects. It seems to me that is a very great waste of money; an awful

waste of money, and with dangerous possibilities. The speakers from the Children's Bureau to do this talking are to be nontechnical, i. e., nonmedical speakers.

SEC. 11. "That the Children's Bureau shall every three months ascertain the amounts expended by the several State agencies described in section 4 in the preceding quarter year."

I suppose this means expenditures of the funds provided by this bill. Does it mean expenditures of their own money, as well as Federal money? It seems to say so. It says, "the amounts expended." It seems to me that is interfering with the States quite heavily.

Then again: "The Children's Bureau may withhold the allotment of moneys to any State whenever it shall be determined that such moneys are not being expended for the purposes and under the conditions of this act. If any such allotment is withheld from any State, the State agency of such State may appeal to the Secretary of Labor, and if the Secretary of Labor shall not direct such sums to be paid it shall be covered into the Treasury of the United States."

There is no appeal to the courts permitted under this act.

Again: "No portion of any moneys apportioned under this act for the benefit of the States shall be applied, directly or indirectly, to the purchase, erection, preservation, or repair of any building or buildings or equipment, or for the purchase or rental of any buildings or lands." Now, the one thing that is most needed in the rural districts for maternity care is good hospitals. This bill absolutely forbids the use of money for hospitals.

There is an amendment pending in the Senate, by Senator Kenyon, to insert a provision that the chief of the Children's Bureau shall be responsible to the Secretary of Labor. So much for the bill.

It gives very broad, very loosely-written powers to the bureau to interfere in the actions of the State, a thing which seems to me unfortunate.

It is all very well to say there is no compulsion on the part of any State to accept this money. Take the State of New York, for instance. Under the good roads bill the State of New York is obliged to appropriate $9,000 to every $1,000 which it received back again. Was there any compulsion to accept that $1,000? No; but there is an absolute compulsion to pay the $9,000. Excuse my language, but that lack of compulsion talk is "tommyrot."

Now, in making the State boards of health responsible to the head of the Children's Bureau—and I do not want to be thought for one moment, in anything I say, to be casting aspersions on anybody at all—my remarks are addressed to the provisions of the bill, regardless of the individual who may at any particular time administer them. I must say a few things in connection with the bill, but they are not personal. We are putting those medical staffs of the State boards of health under the Children's Bureau, and I do not believe there is a single State board of health, although there are local ones, that are not administered by physicians. I hope there is not. By the way, it is an amusing little episode, that there is a great deal of credit being taken for the rapid development of the divisions of child hygiene in the State boards of health. I was president of the American Child Hygiene Association four years ago, the year of the war, and I devoted considerable energy myself to encouraging State boards of health to form divisions of child hygiene. Of course, I do not know whether I accomplished anything, but I tried.

It might interest you, possibly, to know in this connection that I am running now a prenatal and obstetrical clinic in Boston. By the courtesy of the newest hospital there, the Peter Burt Brigham Hospital—the hospital that sent one of the two first medical units to France after we entered the war, one of the most modern hospitals there is anywhere—we are kindly permitted the use of two rooms in the out-patient department of the hospital for the use of our clinic, the hospital taking no responsibility whatever for it. I am conducting it, with the help of the younger men of the staff of the Boston Lying-in Hospital, and the women who come there are given the best obstetrical care.

It has been said with truth, as far as large cities are concerned, that the poor get the best care in childbirth because they go to the best hospitals; the rich get it if they know enough; but the great middle class, the backbone of the country, seldom have the care they ought to have. So I am running this clinic to prove that the very best obstetrical care can be given by the best obstetricians and nurses on a self-supporting basis for a price which people of moderate means can afford to pay, and when I have completed my experiment, I think it will go over the civilized world, as the prenatal care which I told you I had started has done. My correspondents in regard to prenatal care range from Edinburgh to New Zealand, and cover this country and Canada, and scarcely a week passes that I do not get letters asking for the reports which tell how it was carried on. It has always been given under medical supervision. No nurse is allowed to take any responsibility except under the doctor's orders.

Now, with the possibility of passing this bill and putting the administration of the act under the Children's Bureau, you are putting the medical profession in exactly the position in which you would put the medical staff of a great hospital if you put them under the staff of social service workers of the hospital. Could you get any good doctors in that hospital if that were the law? I doubt it. The social service worker in medical matters has exactly the same relation to a doctor that the nurse has. They are both his assistants. The object of the social service medical worker is to help the doctor. You know that social service work in hospitals was started in Boston by Dr. Richard Cabot, at the Massachusetts General Hospital, because he found that unless he knew the home conditions of his patients he was unable to prescribe for them wisely. That has been found true in many ways. In a school for mothers in London they had classes for the mothers in cooking, and the mothers used to come in and take great interest in learning how to cook at the institution. One day, in order to see how it worked out in the homes, they sent a worker to see whether the conditions were any better than before. When the worker visited the homes, she found the women cooking in the same old way, and the reason they did it in the same way was that one had only a spider to cook with, another perhaps a coffee pot, and they did not have intelligence enough to adapt the information they had been given to the meager supply of utensils in their homes. Then the school began to send the teacher around to the homes to show the women how to adapt what they had been taught to their own conditions with such success that the children called this teacher the "pudding lady."

Now, that is the same condition that confronts the doctor. He must know the conditions in the home that the man or woman or child must meet. There is no use to prescribe terrapin when they can not possibly buy it. I am using that as an extreme illustration. The social worker is a valuable assistant to the doctor, but in no way can she supersede him and the medical care which has got to be given must begin at the top if you are going to have it properly carried out below.

Now, I want to forestall a little statement which may be made in the rebuttal, because it has been made to me. And that is, that this bill would be administered by the doctors of the Children's Bureau. There is nothing in the bill whatever to call for anything of the sort, nor could the chief in any way abrogate her responsibility if she did put it under them, because the bill puts it definitely and distinctly under her. The Secretary of Labor by the latest amendment shares her responsibility, but two negatives do not make an affirmative. The Secretary of Labor and the chief of the Children's Bureau do not together make a medical person.

The bill calls now for a sum which is evidently only the beginning, because it could not possibly be administered to do much good with the small sum called for.

As an example—and please remember again that there is nothing personal in this—I have the first annual report of the Children's Bureau. It was originally given $25,000, with the understanding that that was to be its annual stipend. With that $25,000 and a staff of 15 they did good work that first year, but this first report in its closing paragraph, after submitting a plan, says:

"In accordance with this plan, an increase of the staff for 1915 to 76 persons—"

It began work in August, 1912, so its annual report was not issued for the fiscal year, till June, 1913, and was not printed until 1914.

"is requested, and an appropriation for salaries and expenses of $164,640."

Five times the number of people who had worked the first year and worked well; and six and a half times the appropriation.

Economy as well as efficiency would call for the administration of all health matters by one body. There was a smile just now when Mr. Adrien said that if this bill was passed it would be necessary to have other powers for other health matters. Of course, he meant if they were going to carry this thing out logically.

I feel, myself, that the important place to begin is with prenatal care. That is the most important thing. I believe in beginning at the beginning logically. If you do that you are going to begin at the right place, and then you can go on logically to the end. But the bill provides for putting the administration of this act into the Children's Bureau. If you do that and proceed logically you are going to multiply enormously all overhead charges—for the Children's Bureau obviously can not take care of all health matters in the community; you are going to have an overhead expense that will be very large, and a separate one for each phase of health work. Moreover, you are not going to do it as efficiently.

I have been very much interested in this sort of thing for a great many years, so that I have made a point of studying it. For my personal pleasure I take two medical journals a week and two health journals monthly, to say nothing of my own State and city health reports. Louisiana and other States also send me their reports, so I have an idea of what is going on throughout the country. And for years I took the Public Health reports. So please bear in mind that I am not speaking without knowledge.

Economy and efficiency necessitate the management of all Federal health matters by one board. We have no right to spend the people's money on fads, and it is not only a fad but a dangerous one to have the Children's Bureau administer the care of maternity and infancy.

It is absurd to think women can do it better than men. The most successful women's journal in the country, the Ladies' Home Journal, was edited by Mr. Bok. He met the wants of the women of the country for a home journal, and he made an overwhelming success of that paper; and yet he was a bachelor. It is suggested that he is not a bachelor now, but he was at the time he started this paper. I have just been reading his life. In the normal relations of life, the sexes are naturally attracted to each other, and each sex has the most influence over its opposite. That is a thing we are apt to overlook sometimes in propaganda work, but it is true, and you all know it.

One speaker said, I think Dr. Baker, that the Public Health Service has not taken up the work of the care of children. That shows an inexcusable ignorance of the facts of the case. Anybody who does this kind of work ought to know the facts—then such a statement would be impossible. As I told you, I hold no brief for the Public Health Service or the medical profession in general. I think some of them just as stupid as the most of us, but I do know what I am saying, because I have studied this matter. The Public Health Service has done an enormous amount of work for children. I wish you all would read the last annual report. It will give you an immense amount of useful information. Some of you are old enough to remember the scourge of yellow fever, how we used to tremble even in the North lest it be brought up here, and how the Southern States suffered fearful ravages, and how Dr. Walter Reed sacrified his life to prove what he believed to be true, that it was conveyed by the bite of a mosquito; and how they set about eradicating the mosquito, till now there is no yellow fever; or none to amount to anything; if a little outbreak begins it is immediately stopped. The same is true of malaria; they have made studies and have experimented, until they have practically eradicated malaria.

Mr. TOWNER. Doctor, I understood you——

Mrs. PUTNAM (interposing). I am not a doctor.

Mr. TOWNER. I beg your pardon. Mrs. Putnam, will you please state again what you stated was said about the Public Health Service, and by whom?

Mrs. PUTNAM. I don't quite understand you.

Mr. TOWNER. You are basing this statement that you make now upon some sort of statement you said was very foolish and which was untrue; a statement made by somebody that testified here.

Mrs. PUTNAM. Mr. Chairman, is it quite correct to answer questions from outsiders?

The CHAIRMAN. It is hardly in order, but we want the facts, and if it is not extended we will allow it.

Mrs. PUTNAM. What was it you wanted?

Mr. TOWNER. You are basing this statement you make upon some sort of a statement that you said was very foolish and was untrue, which was made by somebody that testified here.

Mrs. PUTNAM. I said the statement was made that the Public Health Service had not taken up the care of children.

Mr. TOWNER. By whom?

Mrs. PUTNAM. By one of the witnesses; I think it was Dr. Baker.

Mr. TOWNER. In this hearing?

Mrs. PUTNAM. In this hearing. I ask that that may be verified, Mr. Chairman.

The CHAIRMAN. You are simply giving the best of your recollection?

Mrs. PUTNAM. No; I wrote it down at the time, because I was so struck by it.

Mr. TOWNER. What was it that was stated?

Mrs. PUTNAM. That the Public Health Service had not taken up the care of children. I am not going at length into the work of the Public Health Service. The Public Health Service officials are here. It is not necessary for me to go into it. They can speak for themselves. But I should like to say that their first publication on the care of children was published in 1902. That was on the management of outbreaks of scarlet fever and diphtheria. The Children's Bureau was not formed till 1912, and according to the official list of its publications its first pamphlet other than its annual report was not published until 1914.

I have here a list of the more recent publications of the Public Health Service. In 1908 and the immediately succeeding years they published many most valuable pamphlets on the subject of milk. I used to make a great study of milk. For eight years I tried to get a clean-milk bill through the Legislature of Massachusetts and only desisted when I found that the worst adulterant of milk was politics. For my sins I was obliged to—and I have a mania for thoroughness when I undertake a thing—I was obliged to and did read all the bulletins published by the Public Health Serv-

ice on milk. The largest publication was a compilation on "Milk in its Relation to Public Health." It is a volume about so thick [indicating], of 600 or 700 pages, an extremely valuable book. Of course this was not done for grown people. This was done for babies and little children. There is not so much danger from dirty milk for adults; of course they may die from septic sore throat or contract typhoid fever or some other disease, but the danger is not so great. The real danger from dirty milk comes when it is given to babies. So all these publications were especially for the benefit of the children.

In 1910 they wrote a history, based on investigations, of that most dangerous and fatal disease, infantile paralysis. In 1911 and 1912 they compiled the municipal ordinances and regulations concerning birth registration. We have heard a great deal of what the Children's Bureau has done toward getting proper birth registration. If we did not know these facts, we might think they were the only ones. They were not.

The Public Health Service also published data regarding the operations of infants' milk stations. And in 1913 they published a very valuable little treatise on The Care of the Baby, prepared by the American Hygiene Association. According to the report of the list of Children's Bureau publications, their first publication dealing with children was published in 1914. I have here a list of the recent publications of the Public Health Service on the care of children, but I will not trouble you to read it all.

So much for the work of the Public Health Service on the care of children. I think it is rather convincing.

Now, another thing. During the war no one can question that the Red Cross was, in medical matters, very well administered. The medical head was a very able man. When he wanted some readable little pamphlets on the care of children for the instruction of mothers—I have got some of them right here—did he go to the Children's Bureau? No. He went to the Public Health Service, who prepared the pamphlets for him, and there they are, with the Red Cross on them. I have only Motherhood and Bottle Feeding for Babies, but they had one also on Breast Feeding Her Baby, which was very important. I have that in a subsequent edition, got out since the war without the Red Cross. They are in this form. [Exhibiting pamphlets.] I brought several of them with me. I have here several copies.

The CHAIRMAN. You might leave them with the clerk of the committee. Do you desire these to be published?

Mrs. PUTNAM. Just as the committee sees fit.

The CHAIRMAN. The clerk of the committee will make a reference to each one of these documents and give it to the reporter to be embodied in the report

(The list of such publications, so referred to, is printed in full, as follows:)

Motherhood, by the United States Public Health Service, for distribution by the American Red Cross.

Bottle Feeding for Babies, by the United States Public Health Service, for distribution by the American Red Cross.

Motherhood. Keep Well Series No. 8. Treasury Department, United States Public Health Service, 1919.

Breast Feeding Her Baby. (Exactly like the one in the Keep Well series; if none was given the committee it was because they had given out.)

Breast Feeding Her Baby. The Baby's Right. The Mother's Privilege. Keep Well Series No. 9. Treasury Department, United States Public Health Service. 1919.

Bottle Feeding for Babies. Keep Well Series No. 10. Treasury Department, United States Public Health Service. 1919.

United States Public Health Service, Rupert Blue, Surgeon General. The Care of the Baby. Supplement No. 10 to the Public Health Reports. December 19, 1913. (Edition of March, 1917.)

Mrs. PUTNAM. I have some of the pamphlets here.

The CHAIRMAN. You may leave those, if you wish.

Mrs. PUTNAM. Since the time I have spoken of they have published a bulletin with reference to the summer care of infants and one on malnutrition in children, etc.

Now, it is rather interesting to note that I saw a clipping the other day—if you want to get things you have to subscribe to a clipping bureau. I saw in a clipping the other day that this spring the Florida State Department of Health and the State Federation of Women's Clubs—I hesitate to say how many women there were in the State federation, but I think about 150,000; I know it was a large number—were so impressed with the need of child care in Florida that they sent the president of the federated clubs and the State health officer to Washington to ask the help of the Public Health Service in starting child hygiene work in Florida. And this goes to prove two things—first, that the Federation of Women's Clubs are not all behind this bill, as you have been told; second, how much work the Public Health Service does

in child hygiene to help the States, for this is not the first time that the Public Health Service has been called on for such help by the States, and many, many times they have been asked and have given it.

When I mentioned that I was opposing this bill, I was asked if I did not want to save mothers and babies. Do you think I spent five years on an experiment in prenatal care—and I have a few of my own pamphlets here, by the way, if you want them—in which I proved the value completely; do you think I should have spent five years on that experiment if I had not wanted to save the mothers and the babies? In our work we reduced the premature births to seven-tenths of 1 per cent and we cut the still births more than in two and we never lost a mother in all the 1,500 pregnancies we cared for. But, remember, this was always under medical supervision.

The CHAIRMAN. In what territory is that?

Mrs. PUTNAM. That is in Boston. It was always under medical supervision. The nurse was not even permitted to strap a patient's back without the doctor's approval.

Mr. NEWTON. Was this a saving over the whole area of Boston, or some section of it? I am trying to get at a general idea of the extent of the work.

Mrs. PUTNAM. It is more or less a cross section. It is hard to get such work started. It was begun in 1909, and as it is always hard to get a start, we had to take our patients where we could get them to begin with. We started giving prenatal care therefore to the house patients of the Boston lying-in hospital, and later we took the patients of the Massachusetts Homeopathic Hospital and certain patients for private physicians.

You remember Dr. Baker spoke of a paper she read at the baby-saving show in Philadelphia. I also read a paper there, and Dr. Van Ingen, who testified here, opened the discussion on my paper—saying that he was about to take up such work in New York, founding it on ours. I proved to my own satisfaction that the nurses' visits should be made as often as every 10 days, and as much oftener as necessary, according to the condition of the mother.

You might be interested in knowing how much that five-year experiment cost. I have a respect for money; I think it is of quite a good deal of use, and I do not like to waste it. The whole five-year experiment cost between $6,000 and $7,000 only; not that much annually, but for the whole five years.

I do not like this bill, because I think it is a very unkind bill. I think it is a terribly unkind bill, for it is leading the mothers of the country to believe that they are going to get protection, which this bill can never furnish. If I thought, as many doctors do, that it would not save a single life, I should not mind it so much, because then it would fall of its own weight, and not do much harm, but I believe it will save a small percentage of the lives that might be saved by a proper bill, and this percentage though small will be considerable in number; the numbers will be heralded throughout the country, the people say, "See what a wonderful thing this is," and they will rest there, so that the 90 per cent, as I believe, who might be saved by a proper measure now, will go on for years dying, and what is worse, living as invalids, because when a community is once satisfied, it is very hard to rouse it again. Therefore, because I want to save the mothers and babies I want the bill as at present drawn to be defeated.

Mr. HUDDLESTON. May I ask why it will not save a larger percentage?

Mrs. PUTNAM. Because you can not save them without medical care. Take the statement of the labor union man, Mr. Grady, about the woman in the Tennessee mountains who was in labor 10 or 12 or more hours, and the doctor finally arrived there to find mother and baby both dead. Mr. Grady thought the doctor said that their deaths were due to malnutrition, but it could not have been due to malnutrition. Malnutrition, on the contrary, would have made the delivery easier. A half pound difference in a baby's weight often may mean life or death to the mother. It was due to a contracted pelvis which could not be guarded against without medical care.

Mr. HUDDLESTON. May I ask, whether you have any measures to suggest other than those contemplated in this bill?

Mrs. PUTNAM. To put it in the hands of the Public Health Service.

Mr. HUDDLESTON. Oh, that is what you mean?

Mrs. PUTNAM. That is what I am begging for.

Mr. HUDDLESTON. I did not understand that.

Mrs. PUTNAM. No; because I have not yet said so.

Mr. NEWTON. You figure that the difference in the administration between the Children's Bureau and the Public Health Service would make a difference in the 10 per cent——

Mrs. PUTNAM (interposing). Yes; and the 100 per cent who might be saved. I said this bill would save only about 10 per cent of those who might be saved.

Mr. HUDDLESTON. Do you think that change will be brought about by putting the jurisdiction in the Public Health Service instead of in the Children's Bureau?

Mrs. PUTNAM. I think it would.

Mr. HUDDLESTON. Would you favor this bill if it was proposed to put it under the Public Health Service?

Mrs. PUTNAM. Yes; if it was worded so that it was intelligible.

Mr. HUDDLESTON. If the work was put in charge of the Public Health Service you would favor the bill?

Mrs. PUTNAM. Yes; I should.

Mr. HUDDLESTON. Do you mean you would favor the terms of the bill or the purpose of the bill?

Mrs. PUTNAM. The purposes of the bill. I should not want to say I should favor it entirely until it had been carefully rewritten. May I say one thing: Mr. Hawes asked, I think, about the terms of the bill being carefully and fully and exactly settled. You can not settle such a law absolutely once and for all, because you have to give flexibility to it. You can not lay down a hard and fast rule, because a lot of improvements in the care given will be possible all the time, and you have got to have such a law capable of change, and in order to have it so you must have the administration of it in the hands of one on whose judgment you can rely.

Mr. JOHNSON. I have been much enlightened, Mrs. Putnam, by your statement, more so than by any other witness that has appeared here. What particular part of this bill do you object to?

Mrs. PUTNAM. The administration of it under the Children's Bureau. That is the crux of the whole matter. I can not say that I approve all of the rest of it. It would have to be carefully gone over.

Mr. DENISON. You think the Public Health Service is the place to put it?

Mrs. PUTNAM. Absolutely. Another reason why I think so is that maternity can not be separated from other matters of health. There is no use in giving the mother and child the most perfect maternity care if they are infected with hookworm. You will never turn out a good result in maternity care if the mother has malaria or any of these other diseases, or if she is drinking impure water. You have got to have a clean water supply, proper sanitation and protection from other diseases, and that can only be done through a unified health service. There is no use in talking of cooperation. We have seen enough of cooperation. The Public Health Service is being blamed now for things because of cooperation, and because when they asked Congress for a certain amount for hospitals for the soldiers, they were given, I think, about a third of what they asked for, and then they are blamed for not doing the job. I was in charge of the work of helping the soldiers and sailors of Massachusetts during the war, and still am serving under the adjutant general. I know the conditions were very bad, but I do not blame the Public Health Service for the badness, because they never had the funds or proper control of the situation. The work must be unified, both for the sake of efficiency and for the sake of economy.

Mr. LEA. Is your objection in reference to that based on the idea that the work to be performed is medical rather than sociological?

Mrs. PUTNAM. Absolutely.

Mr. LEA. How is that?

Mrs. PUTNAM. Sociological only as the social-service work in the hospitals is sociological.

Mr. LEA. So you believe the work is to find out the people who need medical treatment, and provide a way of applying it?

Mrs. PUTNAM. Absolutely; any good public-health doctor, any good physician, would leave no stone unturned to provide for the physical needs as well as the medical needs of his patient. You can trust to the Public Health Service to see that those social features are attended to. They are so insignificant, compared with the medical; and I will tell you why I say that. It is not a mere arbitrary statement; it is because I know, in the first place, that with all the improvement in child hygiene, with all the reduction of infant mortality, there has been no reduction in the deaths during first month of life—rather the contrary. Deaths in the first month of life are due to prenatal causes or to difficulties at birth. In 1918 the latest figures I have been able to get with certainty from the Census Bureau, the death rate in the first month was 44.2 per cent of the death rate in the first year of infant life. In 1919, which was the last census, as nearly as I have been able to compute, it was 44.7 per cent. That is, almost half of the mortality during the first year of life occurs in the first month.

Last winter the Massachusetts Legislature had a bill for maternity care under consideration. There was a recess committee appointed for the summer by the governor to investigate. At the head of it was the president of the Massachusetts Medical Society. It made an exhaustive investigation, and proved exactly what was proved by an earlier investigation in Detroit made by Mr. Bradley, under the Thompson fund. They proved that the maternal deaths were absolutely scattered throughout the community. They bore no relation to the financial condition of the mothers. It was purely ignorance of proper prenatal and obstetrical care.

Mr. LEA. Mrs. Putnam, from what I have heard here, there seem to be two classes who need this care. One is pregnant women, for instance——

Mrs. PUTNAM. Everybody needs it, every pregnant woman needs it.

Mr. LEA. Yes; but of those who are not receiving it one is the pregnant mother who may be amply provided with funds to provide herself with this care and yet is unconscious of the need of it?

Mrs. PUTNAM. Yes.

Mr. LEA. So that accounts for the death or ill results that come in the home of prosperity.

Mrs. PUTNAM. Yes.

Mr. LEA. And the other one is the poor class who are unable to provide it, even though they are conscious of the need of providing it. Is not that true?

Mrs. PUTNAM. There is a third class, and that is those who would provide it if they could get it but live too remote from it to be able to get it.

Mr. LEA. Now, as to the woman who is capable and able to provide this service for herself, what would you suggest that the Government do as to her?

Mrs. PUTNAM. What would I suggest?

Mr. LEA. As to the woman who is amply provided with funds to take care of herself? Suppose there is a man down here who is worth $20,000 and yet his wife is not provided with these things. What should the Government do with that character of woman?

Mrs. PUTNAM. I think the Public Health Service should furnish certain information on the subject, and have it circulated through the community, either by lectures or by literature.

Mr. LEA. Circulated generally in the hope that this particular woman may get the information?

Mrs. PUTNAM. Of course, you can not make anything foolproof, you know. I mean, you can not force people either to read or to go to lectures or to be instructed. All you can do is to try to reach them. That is what I mean by saying you can not make it foolproof. There are some people who simply do not believe it, and do not care, and think that as long as their mothers bore them, perhaps in spite of the assistance of a dirty midwife or a clean midwife, whichever it may have been, and got along all right, therefore there is no danger in midwives. You might say that the bubonic plague was no danger in China because some of the population still live. There are people in that way that you could not reach, but I think the Public Health Service has as good facitilites for reaching them as the Children's Bureau.

Mr. LEA. Suppose that the authorities made a pregnant woman report to the Public Health Service so that they could get in contact with the women who actually needs it?

Mrs. PUTNAM. How are you going to force them to report?

Mr. LEA. Of course that would be by law or regulation.

Mrs. PUTNAM. You can not force a pregnant woman to report her pregnancy. Nobody knows she is pregnant but herself.

Mr. LEA. Do you think we could not make such a regulation as that in order to get in contact with the woman who needs it?

Mrs. PUTNAM. If that regulation reached the woman, she might give the information, but I think you would do more harm than good, and I should be very loath to have that regulation passed. You could not enforce it. They have tried it with women in industry, where women are required to be laid off a certain length of time before childbirth. You can not make them report, so that they shall be laid off, because they do not want to lose their wages. Neither they nor anyone else can always make a certain diagnosis of pregnancy until several months have passed.

Mr. LEA. I am not advocating that; I simply want to get your views.

Mrs. PUTNAM. That is not a feasible proposition, as I see it. I meant to answer your question. I hope I did.

Mr. LEA. You did; yes.

Mrs. PUTNAM. Now, there is a great deal of difference between education and care—prenatal education and prenatal care. Prenatal education you might perhaps give by lectures and books and information. Prenatal care never can be given in that way, and prenatal care is the essential thing.

As an example of the proof of the absolute necessity for this care being administered medically, I have some very interesting figures here from Dr. Polak in Brooklyn, at the Brooklyn Lying-In Hospital. This is a personal letter to me, under date of June 16, 1921. He says:

"It might interest you to know what is being done in prenatal work for babies in Brooklyn. In 1,000 consecutive cases where prenatal work under careful medical supervision, including a routine Wassermann, was done in connection with this

hospital, there were 25 infant deaths, including the prematures and those dying within the first two weeks after birth; compared with 1,000 cases under prenatal nursing, supervision only, watched for us by the Nurses' Association, in which there were 47 deaths; and compared with 1,000 cases in which there was no prenatal care, in which there were 76 infant deaths.

"I think such figures as these are the strongest evidence of the necessity of medical supervision in all prenatal work."

Of the babies whose mothers were given prenatal care, under nursing supervision only, little more than 50 per cent were saved as compared with the ones where medical supervision was given over the nursing visits. That is very significant, because this bill seems to advocate nursing supervision only.

As I said, that labor man's story was very sad, but no amount of nursing supervision could have guarded against it. One of the things that medical supervision of the pregnant woman does is to guard against that very thing. In our clinic, for instance, that we have in Boston the patient must come twice to the clinic. She may come as often as she likes, but she must come, first, to have pelvic measurements taken in order to find out how large the space is between the bones, and, second, to keep track of the growth of the child in the womb. It is essential to know whether the child is going to be able to get out normally through that space. If the child can not get out normally, the mother and child both die unless they have skilled medical care. That is exactly what happened in the Tennessee mountains and why I said that it was not due to malnutrition.

Mr. DENISON. How long before the birth of the child is that done?

Mrs. PUTNAM. The first measurement is taken early in pregnancy; the second toward the end of it. It is important that women should have prenatal care just as early in pregnancy as they can be persuaded to come. In my own prenatal work I have one very striking case of a little fellow whose mother came to us the first time only about two months before her baby was born. She had a contracted pelvis, and the baby had to be delivered by a high forceps operation. The baby died of cerebral hemorrhage a week after birth, leaving a broken-hearted mother. The next time she came to us as soon as she knew she was pregnant and was under our care for eight months. She was delivered by a Cæsarean section, and the child was a fine little fellow, weighing 7 pounds 6 ounces. We thought she had learned her lesson, but not at all. In the third pregnancy she believed her neighbors, who told her it was not necessary to report until the sixth month, and she miscarried at five months. The fourth time she came back to us early for care, and that time she had a fine little girl. It was a striking case and is a good proof of my point.

We are told that the women are solidly behind this bill. I should like to read a letter that came to me unsolicited from a woman in Pannsylvania after the appearance of my letter in the Medical Journal. I do not think I will read the end of it, because it is not very kind to the originators of the bill——

Mr. DENISON. I am very much interseted in what you have to say. Were those measurements that you speak of made by a physician or a nurse?

Mrs. PUTNAM. Never by a nurse. A nurse is unfitted to do such a job and never should touch it—should never meddle with it al all. I am glad you brought that out. I should have brought it out myself.

This letter begins:

"MY DEAR MADAM: I would like you to know how much I enjoyed your letter in the Journal of the American Medical Association on the Sheppard-Towner bill. As a doctor's wife I always look over the magazine, and all the bills passed or pending which concern the profession are of personal interest to me.

"If the average woman's club was anyway representative of women at large, they would not be so irritating when they get off that yell about the 'women solidly behind us.' In a small way here I've been puncturing their balloon of pretensions. Your statements of the fallacy of the contention should have great weight, and I hope you will carry on the good work.

"It seems to me that all the legislation nowadays tends to paternalism and away from our system of local government. There must be a beginning to combat the evil, and I hope your letter will start doctors thinking more seriously of the evils confronting their work."

I will submit the letter, but the end of it is not very polite to some of the people, so I do not want to read that.

The CHAIRMAN. That paragraph may be edited, if the committee does not object.

Mr. NEWTON. You think that the sentiment in favor of the bill is not so much for all its details but for the general principle? Do you not think that is true?

Mrs. PUTNAM. I have no doubt of it, because I know how it was tried on me. When I said something to a woman against the bill, she said, "Why, don't you want

to save the mothers and babies?" I said, "Yes; that is why I am opposed to the bill." You will find, if you ask, most people—I do not mean the people at the hearing, but the average person who supports this bill and writes to his Congressman or her Congressman about it has never read it. They only know that they have been told that it is a bill that will save mothers and babies.

Mr. NEWTON. They are for the general principle?

Mrs. PUTNAM. Absolutely; and it is only the general principle they are indorsing. Moreover, they only comprise a small percentage of the women of the country. I believe the proponents of the bill claim something like 10,000,000. I do not know, but it seems a little large to me. I can not quite believe it, especially since I know that this large body of Federated Clubs is not solidly in favor of this bill. Yet even if they are, as there are 51,000,000 women and over in the country, the 10,000,000 they are said to claim would be only a fifth of them. They have been saying that the bill was four-fifths social and economic and only one-fifth medical. It seems to me that a fifth is a mystic number to the proponents of the bill. It reminds me of the old conundrum, "If you call a dog's tail his leg, how many legs will he have?" He will have four, because calling a tail a leg does not make it so. Neither does calling the bill four-fifths social and economic make it so.

Now, I want to say one thing, and then I am going to stop. This is a man's affair exactly as much as a woman's. But men have been at a great disadvantage when women come and talk to them about this bill, for naturally a layman does not know about the medical features of childbearing, and he thinks that women must know because they bear the children. It does not seem to occur to the men that the women do not know either. If anybody were to say to any of you, "You digest three meals a day, do you not? Do you think that makes you a medical expert on digestion? All of you breathe every second of your lives. Do you consider you are medical experts on lung diseases?" You would know you are not. Just as truly no woman is an expert on childbearing unless she has medically studied the subject. The fact of bearing children or not bearing them does not make her an expert. This is a man's measure just as much as a woman's, and I speak from personal knowledge when I say that I think the woman has the easiest part of it. I would far rather be the woman than her husband. If a man cares for his wife it is much harder for him to have her bear a child than it is for her to bear that child. That has not been brought out, but it is true. You all know that it is true. You not only have the anxiety about the child's life, which she has, but you have the anxiety about her life and the suffering in her suffering, which, though vicarious, is keener than hers. Now, as men, it is your part to protect your women, protect them by giving them proper protection not improper protection.

Mr. GRAHAM. Mrs. Putnam, do I understand from what you said the legitimate function of government in reference to these cases is confined to giving information, except in cases of poverty where the persons in need of care are unable to provide it for themselves? Is that true, do you think?

Mrs. PUTNAM. I do not think I have said anything of that sort.

Mr. NEWTON. I know you did not, but I was thinking that perhaps was a legitimate conclusion from what you said.

Mrs. PUTNAM. I did not intend to say anything of that sort. Of course, if you choose, you can establish it for everyone, like the public-school system. There is a certain amount of socialism which we all agree is a good thing. We all agree as to public education, education at public expense, because we think it is better for the community that people should be educated than uneducated. We all believe in public water supplies, and it is a question where to draw the line. Personally, I think that people value more what they pay for, and therefore if this care of maternity could be furnished, and people who could pay were encouraged to feel that it was their part as good citizens to pay for the care they got, instead of leaving it to the State, I think it probably would be better, but I can not discuss socialism because I really do not know enough about it.

Mr. NEWTON. Do you think it would be advisable for the Government to provide physicians to be paid for by individuals who received their treatment?

Mrs. PUTNAM. I should not think that was a public health function, but a private health function, the treatment of disease.

Mr. NEWTON. The individual who has the money and is able to provide that medical care will undoubtedly provide it for himself; is not that true?

Mrs. PUTNAM. It would so seem to me.

Mr. NEWTON. But on the other hand, there is clearly an obligation on society to provide it for those who may feel unable to provide it for themselves; do you not think so?

Mrs. PUTNAM. Yes; in a measure I think it is being done now—in a very great measure.

Mr. NEWTON. Then, would it not follow that the function of the Government would be confined to giving information except in the cases where——

Mrs. PUTNAM. No; I do not think you can limit it in that way without pauperizing the people who receive it. I think you can encourage those who can pay to pay, but the question is whether you want to make it a pauper matter. It is putting a premium on the propagation of the least fit in the community. If it is a public health matter, it should be free to all, but they should be encouraged to pay for it, it seems to me. You see what I mean by that distinction? For instance, I do not know how it is here, but I know that in Boston if anyone wants milk analyzed they can take it to the city milk inspector and have it analyzed for nothing. That is free to all. That is what I mean.

Mr. NEWTON. That is in line with the Public Health Service.

Mrs. PUTNAM. That is in line with the Public Health Service.

Mr. NEWTON. To prevent infection or contagion?

Mrs. PUTNAM. Certainly.

Mr. NEWTON. But in the case of individual diseases, have you any reason why the Government should pay for treating the individual for a disease that is not infectious or contagious?

Mrs. PUTNAM. Theoretically, there is no reason why they should do it anyway. They do it because—well, because——

Mr. NEWTON. If a man was suffering from rheumatism, would there be any reason——

Mrs. PUTNAM. Some of us do.

Mr. NEWTON. I am fully aware of that, having experience in my own case. Well, you would draw the line, then, at that, but you would be in favor, of course, of public health activities to arrest infectious or contagious diseases, and also to provide treatment for those whose poverty prevented them from providing it for themselves?

Mrs. PUTNAM. You see, this measure does not affect any of the cases you have spoken of, and I think I should prefer not to go into any of the ramifications, because I have not given serious enough thought to the matter. This measure is a measure of preventive medicine, not of curing disease. There is a great distinction.

Mr. NEWTON. It has the fundamental purpose, though, of saving human life?

Mrs. PUTNAM. But to prevent the existence of disease, not to cure it. It is a preventive health measure.

Mr. NEWTON. Of course, that is only one phase of medicine, is it not?

Mrs. PUTNAM. Yes; but it is the public health phase, it is prevention. When they take up the treatment of an epidemic they do not treat the cases of disease; they treat them as preventing the spread of the epidemic. Public health service is essentially preventive, it is not curative, and where you establish free hospitals and that sort of thing it is simply for paupers who come really under the Board of Charities rather than the Health Board in that case. You see what I mean?

Mr. NEWTON. Yes.

Mrs. PUTNAM. I have some rather interesting figures to give you, because the figures we have been given in this hearing are quite odd. They do not hold water very well. For instance, I think it was Mr. Newton who asked Dr. Kosmak the other day about the dates of the comparable figures, and he was mistaken in answering that the figures for the United States were prewar figures also. They were not. They were 1918 figures and, of course, 1918 was the year of the great epidemic. Even in 1919—the figures for which I have here—there was a second epidemic, though not nearly so severe, that must be borne in mind when you compare these figures with the prewar figures. They are not comparable at all. You can not put things of two different kinds together and make so many more of either kind, although you may remember the little Sunday-school boy who held up his hand and said that you could because, he said, "I have often seen father add 2 quarts of water to 5 quarts of milk and make 7 quarts of milk." You can not do that. You can not compare the figures from Belgium for 1912 with those of America in 1918. They may be lower now, they may be higher now. Nothing reliable is known about it, and it is arguing on an entirely false premise.

I have here the mortality census for 1919, which says:

"The very high rate (9.2) in 1918 from all puerperal causes for the birth registration area was undoubtedly due to the influenza epidemic. Had it not been for the same factor in 1919 and the addition of three States to the birth registration area in 1919, it is estimated from unpublished figures in the Bureau of the Census that the 1919 rate would have been no higher than the 1915 or 1916 rate. Special attention is called to the fact that for both white and colored for each of the five years, 1915 to 1919, the rates from all puerperal causes and puerperal septicemis are, without exception lower for the rural parts of the birth registration area than for the urban.

"Among the States shown for 1919, South Carolina has the highest rate (11.2) from all puerperal causes, and Wisconsin the lowest (4.8). Among the cities shown in 1919, Scranton has the highest rate (11.8) from all puerperal casuses, and New Haven and Fall River the lowest (each 4.1)."

I wanted to read that because I wanted to read that about Fall River. Fall River has been notoriously bad in its infant mortality. It is a district which is very crowded with a poor mill population of the poorer class. New Bedford makes a finer grade of goods and has a finer grade of operatives. I think it is rather significant that Fall River should be one of the two lowest places within the registration area, when it has always had a population in poor social economic circumstances.

Mr. JOHNSON. I want to ask you one or two questions, Mrs. Putnam. I do not know who else is going to testify, and I do not know whether I will have an opportunity to ask any one else who knows as much about it as you. In your study and observation did you have opportunity to ascertain or learn the causes of the greater number of fatalities to mothers at the time of childbirth?

Mrs. PUTNAM. Do you mean actually at the time, or including the whole puerperal period?

Mr. JOHNSON. Including that?

Mrs. PUTNAM. That is nine months before birth?

Mr. JOHNSON. I just wanted to know, first, whether you had an opportunity to get that information?

Mrs. PUTNAM. It is all in the statistics here in the census.

Mr. JOHNSON. I am talking about your own observation?

Mrs. PUTNAM. My own work?

Mr. JOHNSON. Yes.

Mrs. PUTNAM. I was at that time doing only prenatal work. Now I am carrying it on further but I have not had enough cases yet.

Mr. JOHNSON. Are you able to state to the committee——

Mrs. PUTNAM. The principal causes?

Mr. JOHNSON. The principal causes of fatalities to the mothers at the time of childbirth, or preceding birth?

Mrs. PUTNAM. I think there are two. I think they are from puerperal sepsis, which is an infection acquired almost always through dirty handling, and which occurs after childbirth, and toxemia, a poisoning which ends in eclampsia, which is commonly called convulsions, which is an infection peculiar to pregnancy. It involves the kidneys and various other things. It is not kidney disease, and it is not Bright's disease, but a disease peculiar to pregnancy.

Mr. JOHNSON. I have often heard doctors state that women during that period had Bright's disease, or something of that kind?

Mrs. PUTNAM. It is not Bright's disease; it is eclampsia, and it has no common name, I am sorry to say.

Mr. JOHNSON. Those causes you have mentioned, it would seem to me, are purely medical conditions requiring medical attention?

Mrs. PUTNAM. Absolutely.

Mr. JOHNSON. Have you had an opportunity to draw any conclusions satisfactory to yourself as to the causes of fatality to the child in child-birth, as to the most frequent causes, I mean?

Mrs. PUTNAM. Not from my own observation. According to the census the most frequent cause is from malformations.

Mr. JOHNSON. What do you mean by that?

Mrs. PUTNAM. Here are the principal causes of infant deaths given. I think I have it here. This is a list of the diseases that are given as causes of the deaths of infants. The principal diseases, or the principal causes of fatality are, first of all premature birth; second—I am giving you now all the diseases during the first year of life. The greatest and most serious is premature birth; the second one is diarrhea and enteritis; the third is congenital debility; the fourth, bronchial pneumonia; the fifth, influenza; the sixth—I may be giving these a little wrong, because they are not listed in the order of frequency and so I have to skip about—the sixth is injuries at birth; the seventh, pneumonia, and did I read the congenital malformations? No, I skipped that. Congenital malformations come next to bronchial pneumonia, and before the injuries at birth. Then, after that, next comes acute bronchitis.

Mr. JOHNSON. Now, that information you have given us is quite interesting to me. I do not know anything about the subject myself. Are there any of those diseases for causes of fatality there that you think could be avoided by the nurse as well as by the physician or the advice of a physician?

Mrs. PUTNAM. Yes; all of them, practically. I am not so sure about malformations, but I have no doubt that even they could be in a measure. Of course, injuries at

birth, congenital debility and premature birth are all readily prevented. As I told you, in our pre-natal work we reduced premature births to seven-tenths of 1 per cent, which is almost nothing.

Mr. JOHNSON. My question was, do you think those matters can be handled as well or better by nurses or by physicians, and if so, why should we have them?

Mrs. PUTNAM. Certainly not.

Mr. JOHNSON. I understood you to say they could?

Mrs. PUTNAM. Not at all. I said they were medical. A nurse can handle them, but only under medical supervision. The nurse is very valuable as eyes and ears for the doctor, to go to see the patient and to report back to the doctor. That is the most reasonable thing for her to do. It is unnecessary for a doctor to visit a person who is in perfect health if he can send a nurse instead to see that that person keeps in perfect health. You must remember this is preventive medicine absolutely. For the doctor not to employ a nurse in preventive prenatal visits would be like insisting upon employing doctors as his clerks, or, if you are a lawyer, as if you were to insist on your stenographer being a lawyer also. A nurse takes the position toward the doctor that your secretary takes to you, a very great help and addition, who can save you a great deal of routine work, but he does not take your place.

Mr. HAWES. Mrs. Putnam, you object to the lay management of a board of this kind?

Mrs. PUTNAM. I do.

Mr. HAWES. And yet you yourself are the very best denial of your own assertion. You have proved a most wonderfully intelligent, well-informed witness, and yet you are in the lay class yourself, are you not?

Mrs. PUTNAM. Yes; that would seem, offhand, like a very good argument, but I put myself under the best medical supervision I could find in running my experiment.

Mr. HAWES. The real question I desire to ask is this——

Mrs. PUTNAM. Under the best doctors that I could find.

Mr. HAWES. The committee has before it a problem on which the witnesses are divided—what portion of this work is medicinal and what portion of it sociological. If this committee could separate the medicinal and confine this work to the sociological would you have any objection to that?

Mrs. PUTNAM. I think it would be a useless bill.

Mr. HAWES. In the matter of education it would not be?

Mrs. PUTNAM. In the care of maternity you can not educate a woman to do more than choose a good physician to take care of her. The rest of the education you can give her can be given in two minutes.

Mr. HAWES. Where a nurse can not be furnished, and the agent of the State government, assuming you are under State control, goes into the family to direct the family to a certain extent, would not that be a valuable aid?

Mrs. PUTNAM. Not in my opinion. I think it would be a very dangerous thing, because I think it would lull with a false sense of security and prevent the patient from seeing a doctor when she otherwise might.

Mr. HAWES. What percentage of the mortality in these cases do you think is due to malnutrition and bad nursing, or to disease?

Mrs. PUTNAM. Well, a great deal of it is due to bad conditions, neither malnutrition nor disease, but lack of proper care of the mother, lack of care against the beginning of the disease, we will say, the forerunner of disease.

Mr. HAWES. A very intelligent witness stated that this subject could be divided into three classes, the economic, the sociological, and the medicinal. In what proportion do you think they bear to the general result?

Mrs. PUTNAM. Well, the only investigations that I know of which have been made in the matter have gone to prove that in the actual care of maternity—I am not speaking of the child after the first month—the conditions are very different after the first month—child hygiene is very much affected by economic conditions—but maternal mortality and the mortality of the child in the first month of life appear to be but little affected by social and economic conditions. They are almost negligible.

Mr. HAWES. The economic situation and the social situation are a matter of poverty, the lack of means to supply the mother and child with proper attention?

Mrs. PUTNAM. I did not understand that.

Mr. HAWES. I mean the sociological condition is brought about by the house the mother and child live in, the clothes they wear, and the food they eat. I mean that economic means the possession or lack of possesion of three essential things, a habitation, food, and clothing?

Mrs. PUTNAM. Yes; I am waiting for a question.

Mr. HAWES. The question is what part do they play, relatively, with the medical end?

Mrs. PUTNAM. A very small part in maternity care; in child hygiene, a very large part.

Mr. HAWES. I think one physician stated that, relatively, the medicinal portion was 95 per cent as against 5 per cent. Would you disagree with that?

Mrs. PUTNAM. I should think he was very likely correct, but I can not possibly form an estimate. You would have to know the whole subject from A to Z, and a great many details to form any accurate statement of percentages. I only can say that the medical is so infinitely the most important, in my mind, of the three that the others sink into insignificance beside it, but as to the actual percentage I could not give you that.

Mr. HAWES. We find that at the head of the Navy Department there is a man who to-day has had some experience with the Navy, but in the past has never had any, and we find that is true in connection with the Army. Would it not follow that a layman or laywoman with your particular capacity and training, could select doctors to administer a bureau of this kind as efficiently——

Mrs. PUTNAM (interposing). Not necessarily. I do not know how efficiently the Army and Navy are selecting theirs. Do you not see you are asking me a question that I can not possibly answer? I can only say that I do not think it is a safe risk to run.

Mr. RAYBURN. Your contention is that this whole subject is medical, the great proportion of it, or the great majority of it?

Mrs. PUTNAM. Yes.

Mr. RAYBURN. And that it is only safe for the women and children that it be considered so?

Mrs. PUTNAM. That is true.

Mr. RAYBURN. By Congress?

Mrs. PUTNAM. Absolutely.

Mr. RAYBURN. Mr. Chairman, I want to say, as one member of this committee, that I appreciate almost beyond expression having a witness come here with so full information, so sane and so able, as the one we have had this morning, whether we agree with all of her conclusions or not.

Mrs. PUTNAM. Thank you, sir.

Mr. LEA. In the first place, I want to concur in what Mr. Rayburn said, but I would like to go a little further and get an expression from you as to your views as to what is practical publicity in these matters. I understand you are in favor of publicity, but are not in favor of lectures provided for in the bill. Now, will you explain your position a little further on that?

Mrs. PUTNAM. Well, it is a little difficult, except that I think that I can safely say that I think the publicity should be medical, the lectures should be given by medical people, unless they are lectures prepared by medical people and delivered by lay people, but even that is not satisfactory because they can not answer the questions.

Mr. LEA. Your objection, then, is not so much to a lecture, but it is with respect to the person who should give that lecture?

Mrs. PUTNAM. That is it exactly.

(The letters and papers submitted by Mrs. Putnam are as follows:)

Mrs. WILLIAM LOWELL PUTNAM, JULY 11, 1921.
Boston, Mass.

MY DEAR MRS. PUTNAM: I am very anxious to see a bureau or department of public health started which shall incorporate among its activities those dealing with maternal as well as child welfare.

Most cordially, yours,

F. L. ADAIR.

AMERICAN MEDICAL ASSOCIATION,
Chicago, July 12, 1921.

Mrs. WILLIAM L. PUTNAM,
New Willard Hotel, Washington, D. C.

DEAR MRS. PUTNAM: I find your letter of June 24 and July 6 on return to the office this morning. As I have just returned from a two weeks' trip, it would be impossible for me to get away again at present.

Thank you for the information regarding existing conditions. My personal feeling is, if the Federal Government is going to expend any money on maternal and infant welfare along the line provided for in the Sheppard-Towner bill, the work should be under the direction of the United States Public Health Service. All that is necessary to do is to amend the bill, substituting United States Public Health Service for the Children's Bureau in every case.

Cordially, yours,

FREDERICK R. GREEN,
Council on Health and Public Instruction.

RESOLUTIONS OF AMERICAN GYNECOLOGICAL SOCIETY IN REGARD TO SHEPPARD-TOWNER BILL.

This society wishes definitely to state its position for the information of the medical profession and others who are interested in this legislative program.

1. The committee is in thorough accord with the ends which this bill seeks to attain, namely, the protection of the health of mothers and infants.

2. We indorse the coordination of all health activities under one head. We consider the protection of mothers and infants to be a health measure of paramount importance to the individual and the State.

3. We oppose in principle the control of health measures by nonmedical individuals or boards.

4. We believe in the local control of health activities as distinguished from Federal. We approve and indorse the idea of propaganda and investigation emanating from the Federal Government.

5. We do not indorse the Sheppard-Towner bill in its present form, because it does not conform to the above principles and because it embodies the questionable plan of subsidizing State health activities.

6. We indorse the project of establishing a national department of health.

GEORGE GRAY WARD, JR., *President.*
ARTHUR H. CURTIS, *Secretary.*
GEORGE W. KOSMAK.
FRED J. TAUSSIG.
FRED L. ADAIR.

TRANSACTIONS OF THE CONFERENCE OF HEALTH OFFICERS AND FACULTY MEMBERS REGARDING PROBLEMS RELATING TO COUNTY HEALTH WORK, HELD AT JOHNS HOPKINS SCHOOL OF HYGIENE AND PUBLIC HEALTH, DECEMBER 15 AND 16, 1920.

REPORT OF THE COMMITTEE ON MATERNITY AND CHILD HYGIENE.

This committee emphasizes the importance of promoting in every State, as part of the official public health work of National, State, and local public health authorities, work for the protection of maternal and child life.

The committee is of the opinion that additional action is urgently needed to secure complete birth registration throughout the country.

A complete program of work for the protection of maternal and child life should insure adequate antenatal, obstetric, and postnatal advice and assistance for every lying-in woman. To this end:

(1) The instruction of medical students in maternity work should be extended and improved.

(2) Where midwives can not be eliminated from practice, they should be strictly regulated and supervised, and subjected to examination as to competency.

(3) There is great need in most areas for additional institutional accommodation for lying-in women, the methods of provision to be determined by local circumstances.

(4) Health centers, where not already established, should be provided, having specially in view the institution of—

(*a*) Antenatal consultations.

(*b*) Infant consultations and clinics.

(5) An adequate staff of public health nurses should be provided to secure regular visitation of mothers and infants, to cover the antenatal, infantile, and preschool periods.

(6) There should be active educational work for the promotion of personal hygiene with special reference to the hygiene of infancy and childhood.

The committee favors a carefully devised system of Federal aid extension for promoting public health work, of which measures for the protection of maternal and child life should be an important part.

ARTHUR NEWSHOLME.
S. J. CRUMBINE.
J. W. SCHERESCHEWSKY.

The CHAIRMAN. Mrs. Putnam, we are greatly obliged for your testimony. At this point I would like to dispose of an important letter, for the reason that the writer has apparently been regarded as so important as to be referred to on both sides of this discussion. I refer to Dr. J. Whitridge Williams, the chief obstetrician of the

Johns Hopkins Hospital. You will rembmer that he has been referred to as being on both sides of this question. A letter written by him, dated Baltimore, July 12, 1921, addressed to the chairman of this committee, reads as follows:

"I had expected to attend the hearing to-day on the Sheppard-Towner bill, but unfortunately was prevented from doing so. As I did not have an opportunity to say publicly what I think, I am taking the liberty of writing you.

"I hope that the bill in its present form will go through, as I feel very strongly that the matters covered by it should be directed by physicians and not by laymen. Consequently, I hope that if anything is done in the matter, that the direction will be put in the Public Health Service, at least pending the formation of a national department of health.

"In making this recommendation, I hope you will understand that I am making no criticism of Miss Lathrop, the head of the Children's Bureau. She has done extremely well in her post, but I do not feel that the Department of Labor is the branch of the Government which should have to deal with medical matters.

"Regretting to trouble you, I am, yours, very truly,

"J. Whitridge Williams."

I will now take the liberty of calling on Dr. Stewart.

STATEMENT OF DR. MARGARET STEWART, 800 CARROLL AVENUE, TAKOMA PARK, D. C.

The Chairman. What is your occupation?

Dr. Stewart. I am a physician.

The Chairman. The chairman wishes to state to the committee that he has asked Dr. Stewart to be present, in view of the fact that she is connected as a physician with the Public Health Service, and it seems to the chairman that it would be well, in view of the discussion that has taken place, for her to state what she knew, or state, at all events, about the work being done by the Public Health Service along the general lines contemplated and under consideration in the provisions of this bill. Will you kindly tell your story, Doctor?

Dr. Stewart. In the fall of 1917 I was called by the Public Health Service to go down to Fort Worth, Tex., in the extra cantonment work. My work was to be in charge of the child hygiene work for the prevention of contagious diseases, and general work among the children and babies. There was no school inspection in the city of Fort Worth. There never had been, with the exception of one year some years previous, but it had not proved very satisfactory. We examined most of the children of Fort Worth. We examined all the school children, including the eighth grade, but we did not go into the high schools. We examined primary schools, beginning with the kindergarten and primary. The way we did it was to weigh and measure each child, to examine the heart, lungs, mouth, teeth, and eyes, carefully noting whether the child was properly nourished, and then give such instructions as seemed necessary. If the mother was not there, we would write a little note to the mother, advising her of her child's condition. Probably we might say only, "This child needs her tonsils removed," or "This child is undernourished." We did no medical work, but merely medical educational work. We gave leaflets to undernourished children relative to diet and the necessity of milk; also advice as to the harmful effects of coffee and tea.

We found out that there were eight times as many cases of smallpox in the previous year in Fort Worth as there were in New York City. We also found out that there was no compulsory vaccination. We had to educate the children and educate the mothers to the necessity of vaccination, and we did vaccinate, during our school-inspection work, about two-thirds of the school children. We made, I think, quite a very careful examination. We discovered two or three cases of trachoma in almost every school that we examined. We discovered cases of scarlet fever in the acute stage, the pupils having the disease sitting in the school room with the other children. We discovered a few cases of smallpox in the school room. We naturally sent them home, reported the case to the health authorities, and we told them immediately to send for the family physician.

The doctors cooperated with us. We did not do the medical work, but we told the parents what was necessary.

We also gave lectures. In every schoolroom we talked about 10 minutes after we had completed the examinations. We called all the children together and told them how to clean their teeth, told them how to care for themselves, told them the kind of food that was necessary to build up muscles, bone, nerves, et cetera, and then we would go to another schoolroom.

In the meantime we started a babies' clinic. We had it in the basement of one of the churches of the city, and the object of the clinic was the examination of and advice to expectant mothers and for the examination of babies and children of preschool age. Milk was supplied free for the poor babies by a city newspaper; also ice was supplied by another paper to the clinic where the milk was pasteurized and the mothers taught how to do it for their babies at home.

We gave about three lectures a week to parents, teachers' clubs, or various women's clubs in churches and halls. We talked to reporters wherever they wanted to talk to us, so that nearly every day there was something of a medical educational nature in print in the papers.

After I left there, when our school work was completed, I went to Gary, Ind., with the Children's Bureau. The bureau was making an investigation in that city.

The CHAIRMAN. You mean that you became attached to the Children's Bureau?

Dr. STEWART. Yes.

Mr. NEWTON. Did you leave the Public Health Service or were you merely detailed or assigned to the Chileren's Bureau?

Dr. STEWART. I left the Public Health Service, with their permission, temporarily. I found that in Gary, Ind., there were possibly a few more doctors than we had in Fort Worth, Tex. I do not remember the number now, but there may have been four or five physicians there. They were also doing medical work. They were examining the school children and they had baby clinics, and the work was very efficiently done. The examination of the chest and of the mouth and special individual instruction which was given was all as efficiently done as the Public Health Service did it in Fort Worth.

We had no public lectures, except that during the three months that I was there there was one medical lecture given. The doctors were not allowed to see the reporters. The social worker had charge of the service. The doctors were working under the social worker. We were not supposed to see a reporter. We were not allowed to give lectures unless it was arranged by the social worker. We did no vaccination. We did no pasteurization of milk. I was a little disappointed.

The CHAIRMAN. Will you pardon an interruption? What do you mean when you say that you were not allowed? Who restricted your operations?

Dr. STEWART. The social worker who had charge of the field.

The CHAIRMAN. As representing what body?

Dr. STEWART. The Children's Bureau.

The CHAIRMAN. That is to say, the medical effort of yourself and four or five others came under the direction and supervision and control of a social worker appointed by the Children's Bureau from Washington?

Dr. STEWART. Yes. There was a medical woman in charge of the medical work, but it was all under the general direction of the social-service workers.

The CHAIRMAN. And the medical woman in charge had to report to that social worker?

Dr. STEWART. The medical woman in charge could not go ahead and arrange lectures without having the consent of the social worker who was in charge of the work at Gary.

The CHAIRMAN. How far did the jurisdiction of that social worker go?

Dr. STEWART. Well, I could not tell you. Just what do you mean?

The CHAIRMAN. I mean this: Did she control the movement of the medical men, once they got under way? Could she stop any line of work or inquiry or could she initiate it?

Dr. STEWART. Yes; but she was pretty liberal. She let the doctors do pretty much as they chose, but we did not have an opportunity of going ahead and launching out into things that I had been accustomed to doing and that seemed so vitally important to a physician.

The CHAIRMAN. It was still subject to her decision whether you did and did not do anything at any time?

Dr. STEWART. Yes.

The CHAIRMAN. Whether your medical women suggested that you should or should not, it made no difference, because she was still in control?

Dr. STEWART. Well, the doctors were under the physician who was in charge, but the whole service was under the social worker in charge, in the same building, in the next room.

The CHAIRMAN. To use a common expression, she was boss out there?

Dr. STEWART. Yes.

Feeling that the work was not being done quite so much for the benefit of the public as the work that I had just left, I began figuring up the cost of the two stations. I added all of our salaries and the regular expenses, and taking into consideration

the number of patients that we examined, mothers, babies and children, and I found out that in Fort Worth, Tex., it cost the Government 88 cents for each child that was examined. I found in making the same estimate that our organization, the medical part of our organization in Gary, Ind., cost considerably more than $2—I can not remember the exact cost for the examination of each child.

The CHAIRMAN. Can you account for the expense which went to make up that difference?

Dr. STEWART. It was an organization that was so well organized that it was cumbersome and expensive. For instance, two people examined and weighed the children and a social worker was clerk for the doctor. The expense incurred in the organization was very much more than our simple organization at Fort Worth, and yet, as I said, we gave no lectures except the one lecture while I was there, and no children were vaccinated, and there was no pasteurization of milk, although most of the dairies were supplying the city with raw milk.

The CHAIRMAN. Do you happen to know, Doctor, anything about the further work done by either one of these bureaus in other places? You mentioned Gary, which is a suburb of Chicago.

Dr. STEWART. That was my only experience with the Children's Bureau.

The CHAIRMAN. Do you happen to know of any other station where the Children's Bureau did carry on this work?

Dr. STEWART. No; I could not give you information as to that.

The CHAIRMAN. Do you know of any other station carried on by the Public Health Service?

Dr. STEWART. Yes; there were very many. Every extra cantonment zone was being cared for the same as Fort Worth, Tex., was.

The CHAIRMAN. That is all over the country?

Dr. STEWART. That was all over the country.

Mr. NEWTON. When was this work done at Fort Worth, Doctor?

Dr. STEWART. In the summer of 1917 it started.

Mr. NEWTON. And is work similar to that now being carried on by the Public Health Service?

Dr. STEWART. After the Public Health Service had left, the city of Fort Worth issued bonds to carry on the work itself.

Mr. NEWTON. What I was getting at was whether work similar to what they carried on in Fort Worth is now being carried on at any station in the country.

Dr. STEWART. Someone who has charge of it could better answer that. I am in the tuberculosis work now.

The CHAIRMAN. I will say for the information of the committee that on the invitation of the Chairman, representatives of the Public Health Service will be here to-morrow, and will give statistics or any information the committee may desire.

Mr. NEWTON. How large an organization did you have at Fort Worth?

Dr. STEWART. We had three physicians and three nurses.

Mr. NEWTON. And you were there for about how long?

Dr. STEWART. During the school year, from the fall of 1917 until about May, 1918.

Mr. NEWTON. And you took all of the schools, public and private?

Dr. STEWART. We did not go into all of the parochial schools.

Mr. NEWTON. Did you take in both colored and white schools?

Dr. STEWART. Yes.

Mr. NEWTON. How long were you at Gary, Ind.?

Dr. STEWART. I was at Gary, Ind., three months.

Mr. NEWTON. How large an organization was there there?

Dr. STEWART. Aside from the medical work, there were many social workers.

Mr. NEWTON. That is what I want to get at, the total organization, and then how much was devoted to the medical phase of it.

Dr. STEWART. I do not remember just how many. It was quite an organization. I think there were about five physicians, three nurses, and I could not tell you how many social workers.

Mr. NEWTON. Can you give us the approximate number?

Dr. STEWART. The difference meant a difference of almost $2, I remember, for the cost of each examination made.

Mr. NEWTON. What did you say?

Dr. STEWART. I say the difference in the organization meant a difference of practically $2, the difference in the expense of the examinations made in the two organizations.

The CHAIRMAN. You mean the cost per capita?

Dr. STEWART. Yes.

Mr. NEWTON. You can not actually figure the extent of the organization?

Dr. STEWART. No.

Mr. NEWTON. Were all of the members of this organization there as a part of the Children's Bureau?

Dr. STEWART. Yes.

Mr. NEWTON. Both physicians and social workers?

Dr. STEWART. Yes.

Mr. NEWTON. Just what time were you there, what year, and when did you commence, and when did you end?

Dr. STEWART. I think possibly June, July, and August, or possibly July, August, and September.

Mr. NEWTON. Of 1918?

Dr. STEWART. Of 1918.

Mr. NEWTON. Just what general work was conducted there?

Dr. STEWART. The general work—there were a great many people that I have not talked about at all; quite a large body of social workers who were going around from house to house in order to complete a large questionnaire for statistical purposes.

Mr. NEWTON. That is what they call a survey?

Dr. STEWART. I think so; that is what they call it.

Mr. NEWTON. Have you a copy of that questionnaire?

Dr. STEWART. No; not with me.

Mr. NEWTON. And they were at work on that all of the time you were there?

Dr. STEWART. The social workers were; yes.

Mr. NEWTON. Did they complete the work in three months' time?

Dr. STEWART. No; I have not the exact time; about nine months, I think, or possibly longer. Then, I understood, there were a hundred or more social workers in Chicago doing desk work, compiling statistics from the Gary survey. I understood it was necessary to do this work in the field instead of Washington on account of the appropriations.

Mr. NEWTON. Just what work was done by the physicians on the staff during the three months' period?

Dr. STEWART. They were examining children and babies.

Mr. NEWTON. Where were these examinations conducted, in different places?

Dr. STEWART. In the schoolrooms and in halls.

Mr. NEWTON. As a part of this survey?

Dr. STEWART. No; not as a part of the survey. That was not to complete the questionnaire; I just mentioned it was the medical work.

Mr. NEWTON. It was in conjunction with that work?

Dr. STEWART. Yes.

Mr. NEWTON. Now, just what general instructions were given the staff of physicians when this work was commenced there? What I am trying to get at is just what you were told would be the duties of the staff of physicians while you were there.

Dr. STEWART. To examine the children and babies, and give individual instruction.

Mr. NEWTON. You mentioned there was some work you thought should have been carried on that you were not permitted to carry on; that is correct, is it?

Dr. STEWART. I thought it was unfortunate that the doctors did not have an opportunity of educating the public through the papers and by lectures, as we had done in Fort Worth, Tex.

Mr. NEWTON. You mentioned that you were not given the opportunity to give lectures, and no instruction in vaccination, or the giving of vaccination, and nothing along the line of pasteurization of milk, and I believe one or two other things. Were requests to carry on that particular work made to the person in charge of the survey there in Gary?

Dr. STEWART. That is just my own opinion.

Mr. NEWTON. That was your own opinion?

Dr. STEWART. Yes.

Mr. NEWTON. You do not know whether that was discussed at all?

Dr. STEWART. No; I do not know, that was my own opinion, although other physicians shared in the opinion.

Mr. NEWTON. You do not know of any reason why this work was not carried on?

Dr. STEWART. Well, they had a school physician in Gary, Ind., and it probably was not as essential in Gary as it was in Fort Worth, Tex., although the necessity for the education of the children was even more necessary, because there were many foreign children and very ignorant mothers.

Mr. NEWTON. Is it your judgment as a physician and also as one interested in the health of children generally that the work there among the children was handicapped by the fact that a lay person was in general charge of the work rather than a medical person?

Dr. STEWART. Very much.

Mr. NEWTON. That is your best judgment, that the work was very much handicapped?

Dr. STEWART. That it was more expensive and less effective in the way of education, because it was not carried on properly.

Mr. HOCH. I would like to have my mind cleared a little bit as to the governmental theory on which the two classes of work were done. I understand that the work at Fort Worth was done because there was a cantonment there—that is, the work entered into by the Government at Fort Worth was occasioned by the presence of a cantonment there.

Dr. STEWART. Yes.

Mr. HOCH. I am not just clear as to what the relation between the condition of the children in the public schools at Fort Worth has to the fact of the existence of an Army camp there.

Dr. STEWART. The primary object, of course, was to watch out for any contagious diseases, and, as I stated before, we found contagious diseases in practically all the schools; the itch was very prevalent, and it got into the camp before anybody was aware of it. We found scarlet fever and smallpox—a great deal of it—and trachoma. That was the primary object, the prevention of contagious diseases to protect the boys.

Mr. HOCH. Now, at Gary, as I understand, that work was conducted as a matter of survey to determine certain facts, if possible, as a typical community of that sort? That was the main purpose of the work at Gary, was it not?

Dr. STEWART. Well, I really do not know what the object was.

Mr. HOCH. That is to say, the Children's Bureau is not in the business of doing work such as was done at Gary simply for the results to be obtained in that particular community? I do not understand that. Do you understand it so?

Dr. STEWART. It was very surprising to me when I went up to Gary, Ind., and found that the doctors and nurses were doing medical work for the Children's Bureau, the same as the Public Health Service was doing.

Mr. HOCH. I do not know whether I made myself clear. I can see clearly the theory under which the Government did the work at Fort Worth, but I am not very clear as to the theory under which the Federal Government did that particular work at Gary, unless it be as a matter of experimentation, a matter of going in and simply picking Gary as a community of certain conditions under which they might determine certain facts to be used in bulletins for general dissemination. Am I correct, that that is the theory under which the work was done at Gary?

Dr. STEWART. I think you would have to ask the Children's Bureau about that, because I never did know.

Mr. MAPES. I understand that you are connected with the Public Health Service now?

Dr. STEWART. Yes.

Mr. MAPES. How long did you continue with the Children's Bureau?

Dr. STEWART. Three months.

Mr. MAPES. I understood you to say that you left the Public Health Service temporarily after doing this work at Fort Worth, with the approval of the Public Health Service, to go to the Children's Bureau, to do this work in Gary?

Dr. STEWART. Yes.

Mr. MAPES. Was there any particular reason for your doing that?

Dr. STEWART. Well, it was my personal reasons. I had an opportunity of going home on the way, and my school work was then completed at Fort Worth, Tex., and they could get along without me as soon as the schools closed. The chief of the Children's Bureau had wired me three times asking me if I would come up and help them temporarily.

Mr. MAPES. Was it at the suggestion of anybody in the Public Health Service outside of yourself?

Dr. STEWART. It was entirely a personal reason with me. I was rather urged to stay, but they understood my personal feelings in the matter, and let me go.

Mr. MAPES. It was a matter entirely of personal convenience?

Dr. STEWART. Yes.

Mr. MAPES. Not because of any request by anybody in the Public Health Service?

Dr. STEWART. No. I think the chief of the station is here. He could answer that. He rather urged me to change my mind, but at the same time understanding my affairs at home, and that my husband was not very well, he let me go.

Mr. BARKLEY. This work you did at Fort Worth and at Gary had no connection whatever with the maternal mortality due to childbirth, or in any other way connected with childbirth?

Dr. STEWART. At Fort Worth?

Mr. BARKLEY. Yes.

Dr. STEWART. Except as I examined expectant mothers.

Mr. BARKLEY. You examined everybody to see if there was any contagious disease down there, and when you came to them you examined them all?

Dr. STEWART. The whole station had charge of the extra cantonment work. My own work especially was the child hygiene and the maternity work.

Mr. BARKLEY. Did your work have any connection with the disseminating of information or the obtaining of statistics with reference to maternal mortality due to childbirth?

Dr. STEWART. We obtained statistics and sent them to Washington every month.

Mr. BARKLEY. But that was not the primary object for your doing that work?

Dr. STEWART. I suppose the primary object for having the work done in Fort Worth, Tex., was on account of the city being an extra cantonment zone, but I was told that we must educate every mother in Fort Worth, Tex., as to the proper care of her child, and that was my work.

Mr. BARKLEY. Was any educational work done as to the care of themselves before the birth of the child?

Dr. STEWART. That was done through individual instruction and lectures to mothers only.

Mr. BARKLEY. This work was undertaken by the Government in order to protect the camp down there to prevent any outbreak?

Dr. STEWART. That was the primary object of the extra cantonment work.

Mr. BARKLEY. And that work was divided among various sections, and you had one section, the women and children, and other physicians had the other sections dealing with other kinds of people, and you went to the schools and took the whole city in? If I understand, you were not connected with the Children's Bureau when you worked in Gary?

Dr. STEWART. I was connected with the Children's Bureau when I worked at Gary.

Mr. BARKLEY. You were?

Dr. STEWART. Yes.

Mr. BARKLEY. The three months you were with the Children's Bureau you spent at Fort Worth and Gary; is that correct?

Dr. STEWART. I spent three months with the Children's Bureau at Gary.

Mr. BARKLEY. During the three months you were at Gary and Fort Worth?

Dr. STEWART. During the three months I was at Gary, Ind., I was with the Children's Bureau. I had just come from Fort Worth, Tex., and had completed my work at Fort Worth for the Public Health Service.

Mr. BARKLEY. Did you have any connection with the Children's Bureau when you were in Fort Worth?

Dr. STEWART. No: none.

Mr. BARKLEY. I misunderstood you. That is all.

(Whereupon, at 1 o'clock p. m., a recess was taken until 2 o'clock p. m.)

AFTER RECESS.

The committee reassembled at 2 o'clock p. m., pursuant to recess.

The CHAIRMAN. Gentleman of the committee, if you will kindly come to order we will proceed with the hearing. We have Mr. Eichelberger before us this afternoon, and the Chair will ask him to make a statement at this time. Please state your name and position, Mr. Eichelberger.

STATEMENT OF MR. J. S. EICHELBERGER, 726 FOURTEENTH STREET, WASHINGTON, D. C., EDITOR OF THE WOMAN PATRIOT.

Mr. EICHELBERGER. My name is J. S. Eichelberger, and I am editor of a publication called the Woman Patriot, a paper published in Washington, D. C.

Mr. Chairman and gentlemen of the committee, I want to try to make it clear that I personally am not indifferent to this subject of the protection of maternity and infancy. My mother died on account of childbirth with her tenth child when I was a boy of three, and I believe that she had the same doctor all the way through. I have known other similar instances, and if I believed that this bill or any similar bill could reduce maternal or infant mortality I should certainly favor it, but from a somewhat limited study of the bill, and the nature of the propaganda behind the bill and what seems to be intended to be done under the bill, I believe that this administration under these social workers would actually tend to increase maternal mortality.

I want to draw the attention of the committee to an article published in the Pictorial Review of February, 1921, by Florence Kelly, who I believe is general secretary of the National Consumers' League. This article is entitled "Mothers and Children Last," and one of the most striking statements here is, "Millions for cattle, sheep,

and swine, but not a cent for the 20,000 mothers and 250,000 infants who die preventable deaths every year." Then in a note it says, "It is safer to be a mother in 14 foreign countries than in the United States, and babies have a better chance in 10 foreign countries than in our own. Congress has twice been deaf to the cries of dying mothers and babies."

Now, gentlemen, when you consider the fact that there are, in round numbers, 2,500,000 children born every year in this country, which means that, in round numbers, at least 3,000,000 of our women are at any one time in the delicate condition of prospective or nursing motherhood, which means that these 3,000,000 women in this delicate condition constitute one-ninth of the 27,000,000 women of our country, what is the effect of such propaganda on these women? Doctors know, and I think that social workers at least ought to know, that this frightfulness and terrorist propaganda is arousing these mothers to fear and dread of motherhood, which in itself, according to some physicians who have talked to me about the subject, leads to certain forms of toxemia, and some of them are so very obscure that some of the physicians have been arguing ever since the days of Semmelevis as to just what has happened and why.

We read in the hearings before the Committee on Public Health and National Quarantine, United States Senate, May 1, 1920, page 51, a statement by Mrs. Kelly, the author of this article, who is given here as secretary of the National Consumers' League:

"The National Consumers' League has been interested for several years in the movement for compulsory industrial health insurance for working people. We have also been interested in legislation providing for a period of compulsory rest of expectant mothers before and after the birth of their children. Both of these measures are vain until the passgae of this bill."

The rest of it has no material bearing on this subject—well, I might as well read the rest of it—"because it is a most cruel kindness to take woman away from her wage earning, and then leave her without medical care and provision before and at the time of the birth of her child."

So we see that the idea of compulsory health insurance comes up in this matter. As a matter of fact, this bill is modeled on maternity benefit systems in certain foreign countries. I hold in my hand a book under that title published by the Children's Bureau. In the letter of transmittal of this book, signed by the chief of the Children's Bureau, it is said:

"Maternity benefit systems are not an experiment. * * * Germany, Austria-Hungary early established such systems, and Denmark, Norway, Rumania, Russia, Serbia, Sweden, and Switzerland also provided maternity benefits. * * * They vary from systems under which every woman, regardless of her financial status, receives a fixed sum on the birth of a child, to sums under voluntary insurance funds, membership in which is only to wage-earning women in certain industries and receiving certain minimum wages, receive subsidies from the State."

Now notice this paragraph:

"No such system, once undertaken, has ever been abandoned. Instead, the tendency of changes in existing legislation has always been toward including larger and larger groups of the population, toward increasing benefits, and toward a compulsory as contrasted with a voluntary principle of insurance."

On the next page the chief of the Children's Bureau proceeds to say that this document is issued "in the hope that the information might prove useful to the people of one of the few great countries which as yet have no system of State or national assistance in maternity."

Now, as we look over this book, we will find that practically all of these maternity systems are part and parcel of compulsory health insurance and that sort of sociological legislation. There are several countries which have established this without these features of compulsion. New Zealand notably has its entire administration voluntary, and according to this book itself there are only 2 per cent of the people in New Zealand who subscribe to or take any benefits from this provident fund, to which the Government contributes in part. That is the voluntary system, and yet New Zealand has the lowest infant mortality rate in the world. Australia, in practically the same climate, the same conditions, has a mortality rate of from 15 to 20 points higher than that of New Zealand, and in Australia they have a compulsory system of giving a sum of money, $25 or $30, on the birth of each child.

On page 12 of this book it says:

"The list of countries having some form of cash benefit for mothers during maternity is impressive."

Also on page 13:

"One of the most humane features of these maternity systems is the treatment of the unmarried mother. In New Zealand only is she excluded from the aid." Now

note that fact. "In New Zealand only is the unmarried mother excluded from the aid"—and also that New Zealand has the lowest infant mortality. "As in most countries, to the wage-earning woman who is protected by the insurance system, the maternity benefit is practically a partial substitute for wages. The usual amount varies from 50 to 75 per cent of the wages, with a tendency in recent laws to increase the amount to either full wages or close to that amount."

Now that idea of cash benefits to women, or free medical and nursing care furnished by the State, occurs throughout this literature of the Children's Bureau. I have not time to go through it all, but I will read, for example, the latest testimony of the chief of the Children's Bureau in that regard. This is on April 25, 1921, a hearing before the Committee on Education and Labor:

"The governments of Europe, of course, have been for a long time much more concerned about the matter of infant mortality than we have, and at the present time throughout Europe there is a sense of necessity which we do not feel, and while the measures adopted may seem very small to us, it has been a fact that there have been maternity benefits given throughout the countries of Europe. Under the social insurance of England there have been maternity benefits, and although it may seem small to us, it allows to every insured man and woman a small amount." And so on.

I now wish to invite the committee's attention to another phase of this subject. Here is a book gotten out by the New York Women's Publishing Co., which is the same firm that publishes the Birth Control Review. We see advertised here on the one hand "Endowment of Motherhood," on the other hand "Population and Birth Control," under the heading of "Books on Sex, Feminism, and Birth Control."

In this Birth Control Review, on page 16 of the issue of February, 1921—and by the way, I received this copy of the Birth Control Review at the recent convention of the National Woman's Party—it says:

"In November, Mrs. Sanger"—who is the great birth control advocate—"in November Mrs. Sanger spoke to the League of Women Voters in the Fine Arts Guild. She gave several lectures in the Labor Temple. The National Woman's Party arranged the meeting for Mrs. Sanger in Washington. * * * From Philadelphia Mrs. Sanger will go to Reading, Pa., where she had a most successful lecture earlier in the winter, and her return was urgently asked for by the Visiting Nurses' Association."

I just quote that for the purpose of showing how these things dovetail one into the other. There is no way of separating them.

We note here in the October number of the Suffragist, on page 235, October, 1920, that Mrs. Harriet Stanton Blatch, who is the daughter, I believe, of Elizabeth Cady Stanton, and one of the leaders of the National Women's Party—and also, by the way, Socialist candidate for comptroller in New York at the present time—says—this is under the title of "What Next"—and there various leaders tell what they are going to do next, and then it says, "And behind all such social and economic demands lies the most important item in the women's program, namely, the endowment of motherhood. Every woman, whether the wife of a millionaire or a day laborer, will in the world builded by women be made to feel that society honors motherhood sufficiently to raise it above all sordid dependence." That is, the dependence of the mother on the father of her child. They would rather have her dependent on the State.

In the November issue of the same organ, the Suffragist, we find the thing somewhat frankly stated under the heading "Wages for Mothers." This article, "Wages for Mothers," is a review of this book, "The Endowment of Motherhood," which, as I have already shown, is published by the same company that gets out this "Birth Control Review," and it is a perfectly interlocking system all the way through. It says under this article, "Wages for Mothers." The concrete plan:

"The form of endowment proposed is an allowance to every mother, regardless of income level, equivalent to the difference between the cost of maintaining a family and the cost of living for a man without children. Such an endowment should, according to the committee"—now the committee that they allude to is the committee which gets up this endowment of motherhood, the chairman of which was Miss or Mrs.—it doesn't say here—Kathleen D. Courtney, formerly secretary of the British National Union of Women's Suffrage Societies. That committee recommended that:

"Such endowment should be extended to all children until school-leaving age, and to mothers during the period when child caring is or should be a full-time occupation."

Under the heading "How Much Will Endowment Cost," the cost of such endowment is estimated—that is for England—I do not want to read into the record any more than I have to of this—

"The cost of such endowment is estimated at about £144,000,000 annually, or $720,000,000. Such figures seem low compared with the American standards. They are low. The cost for the United States with its higher standards and its larger population would be much greater than that for England. The United States can well afford to invest the needed billions in the establishment of motherhood upon a sound basis."

Then the article goes on to tell how much money we are wasting on war, and so forth. Here again in the Washington Times of Wednesday, October 13, 1920, we find an article entitled "National Endowment of Mothers will be Woman Voters' Aim." It is an article by Mildred Morris, of the International News Service, and she quotes Miss Helen Todd, of New York, who was the official leading speaker for the New Yokr State Suffrage Society in 1915, and in 1917 was chairman of the greatest birth control meeting held in New York. She does not say that here; that is my description. Miss Todd says:

"Place the mothers on the Government pay roll and pay them the money that would otherwise be spent in preparing for war. The general fall in the birth rate is a matter of deep concern throughout the civilized world. The average young couple under present economic handicaps fear to risk bringing a child into the world. Those who lack the imagination to urge national endownment of motherhood for any other reason can argue for it on the ground that it will stimulate the Nation's birth rate."

In other words, Miss Todd's argument is that the mothers will not have children unless you pay them for it and have this wages-for-mothers scheme; that that is one of the justifications for it, and the entire tendency of this legislation is in that direction. As the chief of the Children's Bureau tells us in this maternity benefits system, the tendency is always to increase, and naturally so, because if the State takes over the care of maternity and infancy, there are going to be more demands as the people become more pauperized by this care. We have that system over in Russian at the present time—and by the way, this maternity benefit sustem says, on page 175:

"The most comprehensive study on maternity benefits and insurance which has yet appeared in any language is a volume by Madame A. Kollontai." Madame Kollontai is the Bolshevist Commisar of Public Welfare. I do not want to go into the Russian situation very much, because it would occupy the time of this committee to a great extent, and it has already been covered so much better than I could by certain distinguished Senators, that I will not try to take up that phase of it, except this, that it says here that "The section on Russia is now of historical interest only." The reason they say it is only of "historical interest" is because they did not dare to tell the American people what had happened under that most comprehensive Russian system.

Mr. DENISON. Can you tell us what did happen, briefly?

Mr. EICHELBERGER. I would rather use documents, all the way through.

Mr. DENISON. I do not have time to read documents. Can't you just say it in a few sentences?

Mr. EICHELBERGER. We have several documents from the Russian Information Bureau in the United States. I have them here, and I would refer the committee to these documents, especially this article on "Children in Bolshevist Russia," as a continuation of this thing which was of historic interest only to the person who compiled this book. I have several quotations here from it. Here is a quotation from that article by Dr. M. Petroff. He declares that the few private nurseries left in Petrograd are the only ones safe for children, all the official nurseries having become death traps under incompetents. He quotes the superintendent of one of these private nurseries, the Lesshaft Nursery in Turgovia Street, 25, as saying:

"The Russian mother is now living through a deep tragedy, indeed. Just look at the women you pass in the streets. You will at once be able to point out a mother of an infant among them. She is the one with the pale, wan, careworn face. You can imagine what it means, the Soviet Government insistently demanding that the mother turn over her little children to the official nursery when you have seen for yourself what a horror they are, and they are such horrors because they have been entrusted to people who do not love that work and who are perfect strangers to it. As a matter of fact, the death rate among the nursery children is appalling. To send your child there is almost certain death."

Dr. Petroff cites the mortality of children to have increased from 81 per 10,000 inhabitants in 1913 to 372 in 1919 and 419 in 1920 in Moscow, and the births having decreased from 54,000 in 1913 to 23,000 in 1920.

Now, when you adopt this propaganda of frightfulness to these women, when you preach a program which tells the mothers that they ought to get on the Government pay roll, when you tell them that Congress has refused to hear the cries of dying

mothers and children, what do you do? You reduce your birth rate, and that is what is happening in this country to-day. Here in "Birth Statistics," issued by the Census Bureau, is this statement: "The birth rate, 22.3 per thousand population for the birth registration area in 1919, is the lowest for any year since 1915, when this area was established. Every State shows a decrease in the birth rate as compared with 1918, the greatest decrease being for Utah. Notwithstanding this decrease, Utah has the highest rate, while California has the lowest, a difference of 12.5."

Now, Mr. Chairman, it has been said before this committee that the United States stands far down in the list for both infant mortality and maternal mortality. One of the physicians who appeared here on behalf of the bill, from New York, described the work in New York as a great example of what could be done under this bill. I say that whatever credit there is for the New York work should go to New York and the State administration of this bill—or, rather, this system.

I hold in my hand here a summary of rate tables for infant mortality. I have gone through this and marked in red ink the rates of various States and cities throughout the Union, which are all lower than New York. Every one of them is lower, and in infant mortality you will find by an examination of page 31 of this Birth Statistics that the United States has a lower rate than any other great foreign country, and our rate, of course, comes a good deal from the fact that in certain sections of our country and among certain races of people the mortality is very high, but under similar conditions our rates compare favorably with the lowest in the world. For example, in Pasadena, Calif., the rate is exactly the same as in New Zealand, 45. In Beverly, Mass., it is 48, while the next foreign rate which compares in any way with that is Norway, which has a rate of 60. Now, Australia has a rate of 69.2, whereas in Spokane, Wash., we have a rate of 55; Brookline, Mass., 53; St. Paul, Minn., 68; Washington, D. C. (white), 67; San Francisco, Calif., 62; State of Washington, 63; Greenville, S. C. (white), 61; State of Oregon, 63; Raleigh, N. C. (white), 63; State of Minnesota, 67; State of California, 70; State of Kansas, 70; State of New York, 84; State of Massachusetts, 88.

The highest American rate for any State is South Carolina, which has a rate of 113, but the white rate in South Carolina is 76, or considerably below the average, so that there they have a peculiar problem. But in Germany, in Austria and Russia, which early established these systems of compulsory health insurance and maternal benefits, they have rates of 155 for Germany; Austria, 190; and Russia, 250.

There is what is called a brief for the maternity bill, which is published on page 7 of the hearings before the Committee on Public Health and National Quarantine. That is the first hearing. This brief has also been put out as a publicity statement by the Children's Bureau. I had a copy of it sent to our paper, which I happened to lend to a Senator. It says:

"The United States is wasting the lives of mothers and babies. In 1918 some 23,000 mothers died in childbirth and nearly a quarter of a million babies died under one year of age. Most of these deaths are preventable. Other countries show markedly lower death rates of babies and mothers in childbirth. It is safer to be a mother in 14 important foreign countries than in the United States, and babies have a better chance in 7 foreign countries than here in our own country. Infant deaths from maternity causes are not decreasing, because mothers do not yet have the skilled care and advice that they need."

Now, as I understand this bill it does not provide for skilled care and advice; it provides—this bill which is before this committee—provides for popular, nontechnical instruction to the residents of the various States.

Now, in justice to the proponents of this bill I want to say that they have in the Senate committee, after very much criticism, taken out the words "popular nontechnical," and let it read just to provide instruction. But in a similar case they took out the clause which provided for medical or nursing care. In the old bill which was before it the Senate amended this. They called that medical and nursing care the heart of the bill; and, Mr. Chairman, I would like to observe at this point the testimony of Dr. Josephine Baker, of New York, that her child hygiene station did not give medical and nursing care; they merely gave prenatal instructions; whereas this bill contemplated medical and nursing care. That was in it, but when that bill was criticized to a certain extent in the Senate they took out the words "medical and nursing care," the same as they took out this nontechnical and popular instruction, but it did not do any good, because that is a blanket enactment; you can do practically anything under this bill. The first section reads:

"For the purpose of cooperating with the States in promoting the care of maternity and infancy."

Now the Senate has cut out everything else in there except, "as hereinafter provided." The "hereinafter provided" is over in section 8:

"That any State desiring to avail itself of the benefits of this act shall by its agency described in section 4, submit to the Children's Bureau for its approval detailed plans for carrying out the provisions of this act. These plans shall include the provisions to be made in the State for the administration of the act, the provision of instruction in the hygiene of maternity and infancy through public health nurses, consultation centers, and other suitable methods."

Now where is your limitation of power in this bill? They can still provide non-technical advice; they can still provide medical and nursing care; they can put that in their requirements, and in section 3 the chief of the Children's Bureau is made executive officer, and while she is directed to form an advisory committee to consult with the chief of the Children's Bureau, to advise concerning any problems, there is nothing in the bill which compels the chief of the Children's Bureau to take anybody's advice.

In the same action it says that the Children's Bureau shall have charge of all matters concerning the administration of this act and shall have power to cooperate with the State agencies, etc., and it shall be the duty of the Children's Bureau to make or cause to be made such studies, investigations, and reports as will promote the efficient administration of this act.

Now, Mr. Chairman, and gentlemen of the committee, I wish to show just one very loose clause in this bill, a very dangerous clause, in section 9:

"The State agency described in section 4 is authorized to arrange with any educational institution for the provision of extension courses by qualified lectures."

It does not say that she is authorized, or he, or whoever this State agent may be—that they are authorized to arrange with certain educational institutions of certain definite standing, but any educational institution. In other words, 25 per cent of the funds under this bill in the State of Illinois could be spent on instructors from Hull House, an institution of social workers—any educational institution. There are practically no limitations to this bill, and the only thing that they say in reply to all charges is, "Well, do you believe that these people will do this?" Now we have their own testimony as to what they will do.

"Income and infant mortality," a leaflet issued by the Children's Bureau and signed by the chief says:

"None of the studies made by the bureau attempts to approach infant mortality as a medical question. They are concerned with the economic, social, civic, and family conditions surrounding young babies, etc. The surroundings of each child are traced through the first year of life, or such shorter period as he survived, by women agents of the bureau who called upon each mother and obtained the information through direct personal interviews. * * * Now it was plainly necessary to accept a mother's statement with reference to matters directly pertaining to the daily life of a baby, it was thought that she might not always know about her husband's earnings, and other sources of information might be more important; hence in one of the earliest studies a test was made of the accuracy of the mother's answers to the income questions by comparing them with facts about the father's earnings collected from as many sources as possible. Pay rolls were consulted and employers and fathers themselves were interviewed."

Now under the act creating the Children's Bureau it said that they could not do that over the objection of the parents. Of course there is very little objection. There is testimony in this last hearing by Mrs. McNanamy that some of these agents pushed by her and her niece, I believe, and examined the baby that was in a bathtub, and told them that they came from the Government and that they had a right to do it, and of course the poor woman did not know anything about the law.

They have issued a book here called "The Status of State Bureaus of Child Hygiene," and I beg to invite the attention of the committee to the fact that there are 34 of those different bureaus in operation right now, and it says:

"It is interesting in passing to note that though public health measures are so largely educational in character, these State child welfare divisions, with three exceptions, have been established under State boards of health. The exceptions being Colorado, New Mexico, and Utah, and these divisions are under departments of education."

So that there is not in the United States a single one of these departments under a department of labor or a sociological board.

Mr. LEA. What is the publication you just referred to?

Mr. EICHELBERGER. This is "The Status of State Bureaus of Child Hygiene." It is by Anna E. Rude, M. D., Director of the Division of Hygiene of the United States Children's Bureau. It is the Children's Bureau report on the State activities, and it says here:

"In this country, as in foreign countries, the history of the child welfare movement shows that philanthropic and voluntary efforts have initiated the work which serves

as a demonstration and have quite logically been taken over eventually by local authorities."

Now, Mr. Chairman, I want to say in conclusion that the question of the State taking charge of the needy—that has always been done. Throughout all history, I believe, society has tried to take care of the needy, the people who can not support themselves and so on, but this bill in section 10 applies to all residents. Practically anything can be done under it. It tends to pauperize the people; it tends to make the mothers believe that Uncle Sam, instead of their own husbands, ought to take care of them. This "wages for mothers" propaganda and this compulsory health insurance—and of course there is another propaganda back of this, and that is the industrial life insurance companies are also interested in compulsory health insurance for working people, so that they will not need any agents. I think that is a very short-sighted policy, because I believe that the Government, if it goes that far, will go further and take over the insurance business itself. But I have a clipping here from the Fall River, Mass., Daily News of Monday, October 18, 1920, called "Financing Maternity," and I offer that clipping and such extracts as the chairman may care to make from it in regard to the people that are financing this vast propaganda, as I believe it is, which has the greatest effect, not in preventing infant mortality or maternal mortality, but in scaring women out of ever becoming mothers.

The CHAIRMAN. Does any member of the committee desire to ask any questions?

Mr. NEWTON. In connection with that extract you have just submitted, does it give the proof or the authority for the statement as to who is back of this propaganda?

Mr. EICHELBERGER. I do not believe that it does, Mr. Newton.

Mr. NEWTON. Of course that is quite important. It is very easy for anybody, you know, to come out in the press or on the floor of Congress, or any other place, and make the general charge that a certain group of people or certain interests are behind a certain measure, but it really does not carry much weight unless there is some substantiation of it.

Mr. EICHELBERGER. I think that throughout this testimony, if the gentleman will allow me, you will find allusions constantly to the reports issued by Mr. Dublin, of the Metropolitan Life Insurance Co., in regard to this. The book of the Children's Bureau, Maternity Benefit Systems in Certain Foreign Countries, in a way advertises the book on Maternity Insurance, by Mr. Leo Frankel, who is the vice president of the Metropolitan Life Insurance Co., and I think that those people in all fairness should be asked to testify for themselves as to what they are doing along this line.

It has already occurred in the testimony of Dr. Van Ingen that these people were very closely associated with the Maternity Center Association at New York, and according to Collier's of April 30, 1921, Mr. Frankel says that the company estimates that they are spending $1,500,000 a year for welfare work. That is, in keeping its policyholders healthy, and that in doing so it kept 18,000 people on the face of the earth during 1919 who would otherwise have been under it, and also saved itself more than $3,000,000 in death claims.

Of course, I have no objection whatever to insurance companies or industrial insurance or anything of that sort, but I absolutely subscribe to the sentiments of the editor of the Daily News that those companies should not attempt to get the Government to take over their visiting nurses and their expenses of soliciting, etc., by passing compulsory insurance laws, and yet leave them their profits of the insurance business.

Mr. NEWTON. Now you mentioned compulsory health insurance. Is there any provision in this particular bill that is before us about compulsory health insurance?

Mr. EICHELBERGER. There is no provision in this bill, Mr. Newton, not one, but it might be in the standards required. I see nothing to prevent it. I see nothing anywhere in this bill to prevent that some one of the standards should require it.

Now we do not have to imagine all the standards. We have a whole book here called "The Standards of Child Welfare," which was gotten up by a committee composed, I believe, mostly of foreigners who were invited here by the Children's Bureau to practically legislate for the people of the United States.

Mr. NEWTON. Well, I can not agree with you as to that. Is there anything about cash benefits in this bill?

Mr. EICHELBERGER. No, sir; it is a blanket bill which merely gives them power to do practically all things for the care of maternity and infancy.

Mr. NEWTON. Is there anything about birth control in it?

Mr. EICHELBERGER. Not except that other matters and related subjects etc., are there. It is all vague and indefinite. We do not know what these qualified lecturers are going to be. So far as mere qualification is concerned, I believe that Miss Helen Todd and Mrs. Margaret Sanger would qualify as lecturers under this bill, as well as anybody.

Mr. NEWTON. You do not know of anything in the bill that requires them to be appointed as lecturers?

Mr. EICHELBERGER. Oh, that requires no particular individual women.

Mr. NEWTON. Does it require Margaret Sanger or Miss Todd or any other faddist?

Mr. EICHELBERGER. Of course there is nothing in the bill providing for the appointment of any particular woman, so far as I know, on those committees, but I beg to invite the gentleman's attention to the fact that even the local and State committees are recommended from this central office of the Children's Bureau, and while it says that such advisory committee shall be selected by the State agencies, it also says that the Children's Bureau may recommend to the State agencies the appointment of these committees, and so forth, and in actual practice the Children's Bureau, having the money, can practically assert that here and say, "You want to put on your advisory committee in your State So-and-so, and then we will O. K. your plan."

Mr. NEWTON. You are afraid that as a necessary consequence the administrative body here at Washington will either appoint Margaret Sanger or a like person upon the boards or will require some State agency to do likewise.

Mr. EICHELBERGER. That is not precisely my point. I do not know whether, after all this publicity, and so forth, Mrs. Sanger or Miss Helen Todd would have much of a chance of getting in on this bill right away, but there are others. My objection is to the blanket power conveyed in this bill to do practically anything that one person, however sincere—and the more sincere they are the more dangerous they are, absolutely—to do practically anything toward providing the care of maternity and infancy that may in that person's judgment seem good.

Mr. NEWTON. Then you have stated, I believe, that you are in favor of doing work contemplated, fairly contemplated, under this bill in order to encourage better prenatal care and better care of babies—the general proposition. Did I understand you correctly?

Mr. EICHELBERGER. I am in favor of the work that is going on under these State bodies of health along these lines which, as Dr. Baker pointed out, is confined by the States to preventive work the same as all public health work. They do not take care of people in sickness unless it is the case of an epidemic.

Mr. NEWTON. All right. Now, do you object to the Federal Government stimulating interest in that particular field?

Mr. EICHELBERGER. I think the Federal Government does and should stimulate that interest. I have seen, for example—I think we probably have them here—here are a whole series of bulletins which are gotten out by the Public Health Service, a series of articles prepared especially for newspapers.

Mr. NEWTON. And you approve of that, do you?

Mr. EICHELBERGER. I approve of that work.

Mr. NEWTON. You were in the committee room this morning and heard the testimony of Dr. Stewart, I believe, of the Public Health Service?

Mr. EICHELBERGER. Yes, sir.

Mr. NEWTON. Of the work that was undertaken under her supervision down there at Fort Worth. Do you approve of activities of that kind by the Federal Government?

Mr. EICHELBERGER. Why, I think the activity which she specifically covered in that case was absolutely a function of the Federal Government on account of the camps, etc., and this general preventive and sanitary work of the health department, I of course approve of.

Mr. NEWTON. Then would you have objection to the work contemplated by this bill if it was placed under the Public Health Service rather than under the Children's Bureau?

Mr. EICHELBERGER. I would object to such a blanket enactment as this bill, and to the principle of subsidy, whether it was under the one or the other.

Mr. NEWTON. You mean the principle of subsidy, that is, of money grants to the States?

Mr. EICHELBERGER. Yes, because I do not believe that there is any way of working out that subsidy without injustice either to the States or to the Federal Government. Somebody has got to be in control of that money. If you give it to the States unconditionally they spend it as they please, and if you give it to them conditionally, you control their expenditures, not only of that part of the funds, but by compelling certain standards you more or less control their own appropriations.

Mr. NEWTON. So that, on account of that, you are against the entire principle of Federal aid in any way furthering this work? Do I understand you correctly?

Mr. EICHELBERGER. By that sort of a subsidy. But, Mr. Newton, I believe that of the two evils the lesser is that which is contemplated under the Moses amendment in the Senate. Now the Moses amendment in the Senate grants a subsidy for the establishment of local county hospitals. Then it provides that if one of these local

county hospitals is not abiding by the standards of the State health boards, that the State health board can write in here to the Surgeon General, etc., and prevent that county from getting its Federal money. But, of course, political conditions being as they are, I believe there would be a very remote possibility of any State board of health certifying against any particular county getting Federal money unless the conditions there were positively outrageous and caused a scream to Heaven and the State Medical Society and everybody else demanded that that county be penalized. That is the only way I see in which we can safely work out this subsidy and preserve our independent State system.

Mr. NEWTON. This paper that you are editor of, the Woman Patriot, that is the official organ, is it, of the association opposed to suffrage for women?

Mr. EICHELBERGER. Yes, Mr. Newton. And in that connection I would like to make a statement.

The CHAIRMAN. Pardon me. I dislike very much to hold you down, but if you will confine your answers to the questions it will give some other witness a chance to get on this afternoon.

Mr. NEWTON. You made some remark here during the fore part of your talk in reference to the benefits under this act being available to the unmarried mother. Do I get you correctly that you oppose the passage of a bill of this kind; that you are opposed to the unmarried mother getting any of the benefits of this act?

Mr. EICHELBERGER. I oppose anything which tends in the direction of promoting that condition.

Mr. NEWTON. So do we all oppose that, but do you think that the rendering of care, prenatal care, to the unfortunate woman who expects to become a mother—that that would encourage that condition among others?

Mr. EICHELBERGER. It would encourage it if it were applied from a distant bureau in such a way as to relieve the unmarried mother of the natural moral factor, which even the Socialists admit, of facing her own family and her own community, and all that sort of thing, that naturally tends to prevent the advent of these poor little fatherless children. Of course, where such a state exists, either through philanthropic agencies or other local agencies that particular case has to be handled.

Mr. NEWTON. Yes; both the mother and the child are entitled to the utmost care.

Mr. EICHELBERGER. Surely.

Mr. NEWTON. Is not that the proper position?

Mr. EICHELBERGER. Surely.

Mr. NEWTON. That being the case, I can see where the grant of a mother's endowment indiscriminately might encourage that; but you do not maintain that anything in this bill is susceptible of any such interpretation, do you?

Mr. EICHELBERGER. That there is an endowment embodied in it?

Mr. NEWTON. Yes.

Mr. EICHELBERGER. I say that the same propaganda behind this bill goes to that and absolutely considers it.

Mr. NEWTON. As a matter of fact, is not this statement of yours in reference to the fear of increasing the number of unmarried mothers—is that not about on a par with the statements of some of the proponents of legislation of this kind going to the other extreme? Is that not about what you would get in the extreme suffragist papers, or some birth-control review, or some other paper of like sort? Haven't you gone to one extreme just as they have gone to the other?

Mr. EICHELBERGER. I hardly think so, Mr. Newton. I have taken their own documents. I have not drawn any particular conclusions from them except those that I have read to the committee and gone over.

The CHAIRMAN. Are there any other questions to ask the witness? If not, we will excuse you, Mr. Eichelberger, and thank you for your testimony.

The next witness to be heard will be Miss Kilbreth.

STATEMENT OF MISS MARY G. KILBRETH, SOUTH HAMPTON, LONG ISLAND, N. Y., REPRESENTING THE NATIONAL ASSOCIATION OPPOSED TO WOMAN SUFFRAGE.

Miss KILBRETH. Mr. Chairman and gentlemen, it is perfectly evident what interests the committee in this bill. It is the medical aspect of the bill, the care of expectant mothers and children, that is carrying it along with this enormous propaganda and that is also interesting the public, just as it interests the committee.

Now, we are told by the Children's Bureau itself, and in the committee hearings, and in various publications, that this is not a health matter; consequently, as we wanted to understand this bill we felt it was a health matter and we could not see any other aspect to it. What we undertook to do was to study the publications of the

organization from which this bill emanated and in whose hands it would be placed to administer, in order to find out really by thoroughly studying this bill what was proposed. If it was not a health measure, then what was it? Now, that was certainly legitimate. That is our interest in the Children's Bureau in this connection, consequently, we got this pile of literature and found that there was a pile that high [indicating] of sociological writings, almost entirely drawn from other countries, published at great expense, containing the illegitimacy laws of Norway—there was everything under the sun in those books, and a little pile of actual health books about that high [indicating].

Even the health books I object to—I mean as not of any special use to these women. For instance, I compare them with the Health Department publications. Here is a book—these are supposed to go, I suppose, very largely to women who can not employ fine physicians and do not have attendant nurses and all that sort of thing. In other words, they are supposed to be popular publications, are they not? They must be.

Here is one of the most important subjects. This is a book published by the Children's Bureau entitled "What is Malnutrition?" Now, what in the name of common sense does the average woman expect—the woman with children or with a young child, presumably not particularly well placed in life—what does she care about what is malnutrition? What that woman wants to know is how to feed her baby, doesn't she? She doesn't care anything about what is malnutrition.

Now, the only value in putting me on the stand is that I am simply a commonplace woman, not an expert, but I am a voter and a citizen, and I have a certain right to my beliefs. Here is this Feeding for Babies, Bottle Feeding for Babies, Breast Feeding for Babies, Infant Mortality—the most simple things that any woman that is a day laborer can understand perfectly.

Now, here are all these leaflets by the Health Department [indicating]. Senator King made a great point of all this on the Senate floor. These are publications, very simple articles, to be put in the newspapers. These come from the Health Department. There is not a particle of propaganda in that. All that the Health Department is doing is getting out simple information for women, the only kind of simple information that ought to be given by anybody but her own personal attendant physicain, as Mrs. Putnam pointed out, I think, this morning. I think I understood her.

Now, here is this list [indicating]; here are all these little simple articles, short, brief, extremely concise and simple, and here they all are. They go into the country newspapers and everywhere. You know how the country woman reads her newspaper, reads every inch of it, and the husband does the same.

Against that you have got What is Malnutrition? and Maternity Benefits in Foreign Countries, and all the rest of it—Standards of Child Welfare. Now these standards were set up by a number of foreign physicians—here they are [indicating]. You all have the publication, I suppose—and all of these men were brought here to help set up these standards. They were from Czechoslovakia, some of them, and they were from Japan—from everywhere under the sun, and at the bottom it says that there were not very many American physicians invited, because the housing conditions were bad, and they could not get many Americans; consequently, this book, which is called Standards of Child Welfare, is largely drawn up by visiting foreign physicians who came here in "more or less panicky condition" from the war area in Europe. These standards were set up, not from the advice of men taken from normal conditions, but the advice of men who had just come from those horrible ravaged countries of war.

Mr. BARKLEY. Is that the result of a sort of world conference held in this country on child hygiene?

Miss KILBRETH. That was arranged by—I think—will you ask the question again, please?

Mr. BARKLEY. I wanted to know whether that pamphlet that you have there was the result of deliberations of the world child conference held in the United States?

Miss KILBRETH. I don't know whether you would call it the world child conference; this is the Children's Bureau conference that was called here in Washington.

Mr. BARKLEY. It was participated in, then, by delegates from various nations who were invited here by the United States Government?

Miss KILBRETH. I don't understand by the United States Government. No; by the Children's Bureau.

Mr. BARKLEY. They were invited here by an agency of the United States Government.

Miss KILBRETH. I did not know that. It says here, "By the Children's Bureau."

Mr. BARKLEY. Well, that is an agency of the Government.

Miss KILBRETH. Yes; but it does not make any difference; my point is that the standards came from foreigners.

Mr. BARKLEY. Some very distinguished Americans participated in that congress, did they not?

Miss KILBRETH. Yes, sir.

Mr. BARKLEY. So it is not entirely a foreign document.

Miss KILBRETH. I did not mean to say entirely foreign, but they outnumbered the Americans, because we are told distinctly they did not have many American experts here on account of the difficulty in housing conditions. Washington was so crowded, That is their own statement, page 8. Here it is in the book. If you wish to see it I will be glad to have you look at it.

Now we are told that this thing is not a health measure; we are told that it is social and economic. I want to point out, if you please, that it is also political. This bill is riddled with politics. It was the football of politics at the last two conventions of the great political parties.

Mr. JOHNSON. I did not understand you there.

Miss KILBRETH. I say that the Children's Bureau says that this is not primarily a health measure, but is a social and economic measure. I wish to talk on the social and economic side in just a moment but I want to add to that description that it is also a political measure. One of the fiercest fights in the two conventions was over this bill. At the two national conventions, this was the first demand in the program of the National League of Women Voters, the organization which is chiefly pushing this. I am very much interested in this political aspect. It is germane from my point of view, because as an American citizen I believe in representative government and I believe that the national platform of a political party is a contract with the people and that the people have a right to look to the party in power, whom they elect, to carry out that contract.

In addition to that, I wish to call your attention to the fact that women, as well as men, voted at this election, the first general election at which women have ever voted. So that you can not say this is an expression of refusal on the part only of the oppressive man. A great welfare program was presented at both conventions. So far as I can discover from following both conventions and being in communication with certain of the political leaders in each, it was the same non-partisan lobby or delegation. There were the same leaders in both. The first demand in the program was this child welfare. This is the official statement they put out [indicating]. Now I think that is very important—the struggle in the two committees, the subcommittee, and the policies and platform committee, if that is what you call it.

Mr. NEWTON. You mean in the Republican convention?

Miss KILBRETH. Yes, I am interested in the Republicans, because the Republicans are now in control of legislation and are responsible for what is done.

Here is the report of subcommittees. I will leave this book so that the committee can look it over. Here is "Protection of maternity."

"Activities in this and other countries for mothers' protection." And then it goes into social insurance; they are practically all the same thing. There are old age pensions, etc. The significant thing about this is that this subcommittee——

Mr. NEWTON. May I interrupt you there? These that you refer to are the suggestions that came to the subcommittee from this large committee that Will Hays appointed?

Miss KILBRETH. I am coming to the other committees. I am coming to the platform committee in a minute. This is the social problems subcommittee that had to do with what you call "welfare legislation."

Mr. NEWTON. Yes; there was such a committee.

Miss KILBRETH. There was that committee. They were not men of the same importance that were on the national one at all. Now, what I want to emphasize is that that committee handed over every one of these, acceded to every one of these demands. Every one without exception was reported favorably. Then it went to the big platform committee and every one of them was killed.

The struggle over those bills was tremendous. Now the men in charge of making the general Republican platform were not political dreamers; they were men who were trying to make a platform. Without criticizing them in any way, they were trying to make a platform that would win, and they were trying to make the platform that the people would accept at the polls and they believed that the people were tired of paternalism and all the rest of this, and they put out the platform absolutely free from that. If you are interested I have that platform, and it is significant as compared with the Democratic platform.

Mr. BARKLEY. The Republican platform, I believe, contained no reference to this subject.

Miss KILBRETH. Absolutely not. If you say, I will read it to you.

Mr. BARKLEY. Do you think that the party that is in power is bound by wh does not say, as well as what it does say?

Miss KILBRETH. I do not think at all that the representative is the slave of the people on every subject, but I think that when there is an issue before two national conventions and one convention puts in the entire program—this bill specifically is in the Democratic program—and the other party refuses even to mention it, then I think it is a mandate, it is a contract with the successful party to carry out its position. What the voters did was to vote on the two great platforms. There is no question of that. And they put the Republicans in absolute control of legislation. There has never been any such control of legislation as the Republicans now have.

Mr. BARKLEY. How do you explain the fact that one of the first bills recommended by President Harding is this maternity bill?

Miss KILBRETH. I want to take that up. And first I want to read his speech of acceptance. It is very important. I consider that the essential part of constitutional government is that it should be representative; the people should not be overridden. This is what President Harding says in his speech of acceptance:

"Our first commitment is the restoration of representative popular government under the constitution, through the agency of the Republican Party."

Then he goes on and mentions various visions which he has of the future, and then he says that these representatives come here fresh from the peoples——

Mr. HUDDLESTON. Did the President in that speech refer to this class of legislation?

Miss KILBRETH. He does in the social welfare speech—the social justice speech.

Mr. HUDDLESTON. What did he say about it?

Miss KILBRETH. The social justice speech was made just before election. A delegation of women went to him at that time and this is what he said——

Mr. JOHNSON (interposing). May I ask how many speeches he made on the same subject.

Miss KILBRETH. I can not tell you.

Mr. JOHNSON. He sometimes changed his mind.

Miss KILBRETH. He says—that is quite a long speech; I will leave it with the committee, but this is probably the essential part:

"I pledge myself to-day to support with all that is in me whatever practical policy of social welfare and social justice can be brought forward by the combined wisdom of all Americans. Nothing can concern America and nothing can concern me as an American more deeply than the health, the happiness, and the enlightenment of every fellow American."

That isn't very specific. Then he goes on under the heading "Department of public welfare," and says:

"There can be no more efficient way of advancing a humanitarian program than by adopting the machinery of our Federal Government to the purposes we desire to attain. While others may have their eyes fixed upon some particular piece of legislation"——

Mr. HUDDLESTON (interposing). I am anxious for you to read the particular part that you consider refers to this legislation.

Miss KILBRETH (reading:)

"While others may have their eyes fixed upon some particular piece of legislation or some particular policy of social justice which calls for the sympathetic interest of us all, I say, without hesitation, that our primary consideration must be the machinery of administration"—well, that is not very specific, is it? [Reading.]

"Let us not only have social justice and social welfare developed to the fullest extent which a wise citizenship will approve, but let us have also the means with which to make social justice and social welfare real and functioning rather than visionary and inefficient."

Mr. HUDDLESTON. I don't get anything out of that which indorses this legislation.

Miss KILBRETH. It is all welfare legislation. Now just let me read one more paragraph. The President-elect himself was worried about this, because he says:

"I recognize certain dangers which are always presented when government undertakes large and detailed tasks. I have said already to-day that we must avoid paternalism, and that we must avoid it because a paternalistic social welfare program would smother some of the liberties, some of the dignity, and some of the freedom for self-expression of our individuals."

And so forth. It is not so much any one thing he says about this bill, but the whole thing. Oh, yes, he says here "Protection of maternity." [Reading:]

"We all know that we face tasks of social justice which we must undertake with dispatch and efficiency. Who can suggest one of these tasks which can supersede in our hearts, or in the rank which foresight and wisdom will give, that of the protection of maternity?"

Now in his opening message to Congress he said he assumed that Congress would pass this bill.

Mr. HUDDLESTON. He said that he was in favor of this kind of legislation?

Miss KILBRETH. Absolutely.

Mr. HUDDLESTON. Do you accept that as a promise on the part of the President as to what he would do if he were elected?

Miss KILBRETH. I think he considered it a promise. It was considered by the women.

Mr. HUDDLESTON. Do you accept it as a promise on behalf of his party?

Miss KILBRETH. He had no power to do that.

Mr. HUDDLESTON. He was the candidate of the party and he spoke its principles. He had the power to commit it to that policy, did he not?

Miss KILBRETH. No; certainly not. He is very explicit. One of the things that determined the election was that there should be no more administrative interference.

Mr. HUDDLESTON. May I ask how you think the President could carry out the policy he advocated except through the legislative branch of the Government?

Miss KILBRETH. I did not mention the President. I have not mentioned the President.

Mr. HUDDLESTON. How did the President promise that? Did he not promise that he would use his influence with the legislative branch, or that his party would advocate through the legislative branch such measures along that line that would make that promise a living thing? The President was not "bluffing" the people.

Miss KILBRETH. No; I think it was a humanitarian statement. Now the only thing I know of where there was any such statement as you refer to was in the message to Congress where he said "I assume that Congress will pass this legislation." I know of nothing else.

Mr. HUDDLESTON. That was a polite way of asking it, was it not?

Miss KILBRETH. I can not interpret it. You can interpret that as well as I can.

Mr. HUDDLESTON. I referred to the subject matter because of the fact that your argument seems to imply that the party in power is not in any way committed on this legislation.

Miss KILBRETH. I feel that it is absolutely not committed.

Mr. HUDDLESTON. I am wondering how you can reach that conclusion despite these commitments of the leader, the spokesman, and the head of the party.

Miss KILBRETH. I feel that the platform is the party law. I feel that the national platform is party law until the next national platform is framed. This is not a government by an individual autocrat in the White House. That platform is what was voted upon by the people; it was given out as a pledge. The two parties in their platform were diametrically opposed to each other on this bill.

Mr. HUDDLESTON. I will ask you, Do you think that any individual voter in the United States knew all that was in either of the party platforms?

Miss KILBRETH. I can say very definitely this: I know the struggle that went on over those special bills, and the Republican platform was not paternalistic.

Mr. HUDDLESTON. You think it won just on that general idea, then?

Miss KILBRETH. Absolutely. I do not mean that every voter knew every one of these bills; I am saying the party leaders knew them.

Mr. HUDDLESTON. I am wondering whether you would imagine that as much as 10 per cent of the voters could have substantially quoted any plank in any of the platforms?

Miss KILBRETH. They wanted to get away from governmental interference. In the great Republican procession that took place in New York every group of men and women had their own signs, and the one that aroused furors that went all up the avenue from one end of it to the other was "Less government in business and more business in government." If they——

The CHAIRMAN. I think I would like to ask Mr. Huddleston if he would take a minute or two to discuss the pertinency of this discussion that is going on.

Mr. HUDDLESTON. I am listening only.

Miss KILBRETH. All that I wanted to say was that I do not consider that this bill should be up now. The people disposed of it at the election. I think it is a typical bill. If this goes through, representative government breaks down.

In all the discussions in the Senate—the discussions were amazing in the Senate on this subject. One Senator after another said, "This legislation is going through."

Mr. NEWTON. You mean this discussion last winter?

Miss KILBRETH. Yes; last December—December 16, 17, 18. Here is the Record-The different leaders [indicating]. One after another of those men said in substance "I am not prepared to say whether I approve of this or not, but it is going through."

Now, of course we do not like that kind of thing right after a campaign where this was an issue and where the party that was against it was put in absolute control.

Another thing that I want to speak of in connection with this legislation is what you might call "left-wing legislation." In the Lusk committee report in New York, which has just been published in New York—the most comprehensive thing on Socialism that there is, I suppose, they claim the way the Socialist Party is making headway all over the world is through boring into different organizations. Now, by "Socialist," I do not mean the mild Socialist, what they call the "White" Socialist; I am talking about the Red Communist. Every party, every church, practically every organization, has its left wing. The Republicans have their left wing. They have Raymond Robbins and Boyce Thompson, etc. The Democrats have their Herron, Creel, etc. Now, there isn't an organization that hasn't its left wing. The churches have them. The Episcopal Church in New York; even the Catholic Church has them. There is a violent radical in the Unitarian Church in New York.

Now, this legislation was proposed to the President by Mrs. Raymond Robins. Mrs. Raymond Robins's sister, Mrs. Dreier, of Brooklyn, has been over and over again at legislative hearings, and I have seen her. Mrs. Florence Kelly, who is backing this bill to the utmost, was so violent on the floor on the New York Legislature in speaking before a committee there—I was not 10 feet away from her—that the chairman said, "Madam, if you are advocating strikes, this is not the place to do it," etc. This is absolutely, to my mind, left-wing legislation. I am not at all criticising the women who appear as advocating this bill, because I do not think it is ever the policy of the left-wing people to put the real promoters at the head of a movement that would give it away. I think the manipulation is always behind, and I would like very much to know how much control Hull House would have in the administration of this bill if it passes. I would like very much to know how much control other organizations that are very close would have in this. I do not know how much they would have.

The CHAIRMAN. Miss Kilbreth, I think that unless you are prepared to draw a line of positive connection between your ideas and the people you refer to, you ought not to inject that sort of testimony into the hearing. The chairman will have to ask you if you will not confine yourself to a statement of ideas on the bill, or definite demonstrations of a possible connection between elements which you think are reprehensible.

Miss KILBRETH. As to this making the woman and child independent, lifting the responsibility of the woman and child off the man and putting it on society, that of course is very definitely in the present Socialist platform. They say it must be done.

Now, I think the chief objective of all these I. W. W. and all that sort of thing is the Labor Party. The Labor Party has been the greatest obstacle in the way of the advance of these red movements in the United States. It has resisted them in a very remarkable way. In England it has not resisted them.

Here is an English book Endowment of Motherhood. In that they say boldly that if you are ever to have socialization of industry you will have to have a system of maternal benefits, which is advocated in the Children's Bureau. You must have some form of "benefits" to lift the burden of the woman and child off the man and leave him free and unhampered in the economic struggle. Now the Labor Party in the United States does not favor socialization of industry. The English are more radical. Here is what the Socialist platform says cautiously:

"The Socialist Party does not seek to interfere with the institution of the family as such, but promises to make family life fuller, nobler, and happier by removing the sordid factor of economic dependence of woman and man and by assuring to all members of the family greater material security and more leisure to cultivate the joys of the home."

But it means the same thing; only it is presented in a different form. The Labor Party would not accept that, yet some of them are advocating this sort of thing. I think they are fooled, just as women and a great many people are fooled, as to where this legislation is leading.

All this material which is published by the Children's Bureau is the most extreme socialistic legislation. They indorse the Russian, Madam Kollontai's system, and they indorsed all that.

Mr. BARKLEY. What is that you say the Children's Bureau indorses?

Miss KILBRETH. They said her book is the most comprehensive system. They published, you know, in their pamphlet, this reference to Madam Kollontai.

Mr. BARKLEY. What system is that?

Miss KILBRETH. Madam Kollontai's system in Russia—a system of maternal benefits—takes charge of all the children, etc. She is called "commissair of public welfare."

Mr. BARKLEY. When was this published?

Miss KILBRETH. This book was published in 1917, I think—no, 1919—but the point was that this Madam Kollontai held her position under the Czar. She was in the pay of the German General Staff at the time.

Mr. BARKLEY. Is there any invidious deduction to be drawn from the fact that the Children's Bureau found somebody in Russia who knew something about this and recommended it.

Miss KILBRETH. This woman was in the pay of the German Government for sometime under the Czar, according to documents issued by our State Department. She was one of the marked people there.

Mr. BARKLEY. Do you object to her, then, just because she was a spy, and not because she did not know anything about it?

Miss KILBRETH. I object to her socialistic scheme of maternal benefits. Here are books telling about it, together with a translation of the Russian systems under her. She is now head of the people's commissiarat of social welfare. She was formerly, I believe, head of the bureau of public welfare.

In soviet-Russia interested parties may appeal from the local bureau of social welfare to the people's commissariat of social welfare, Madam Kollontai chief, just as in section 12 of the Sheppard-Towner bill a State may appeal from the rulings of the Children's Bureau to the Secretary of Labor in the same department. But in Russia interested parties have the right to contest a ruling even of Madam Kollontai "in the manner laid down by any ordinary civil action." Russians have legal redress. This is the Soviet Law of Marriage and the Family, translated in Contemporary Review, April, 1920.

Mr. BARKLEY. Legal redress against what?

Miss KILBRETH. Against the ruling of the head of a department.

Mr. BARKLEY. What is there in this bill that is compulsory or that would bring about any condition from which any individual would have to appeal?

Miss KILBRETH. Because there is no appeal in this bill from the Secretary of Labor. head of the department of which the Children's Bureau is a part.

Mr. BARKLEY. From the Secretary of Labor to whom?

Miss KILBRETH. If a State can not get its quota, if the Children's Bureau is not satisfied about the State's plan and refuses to give them the funds, then the State can only appeal from the head of the Children's Bureau to her chief, who is the head of the Department of Labor, the Secretary of Labor. There is no appeal beyond the Secretary of Labor at all. If the Secretary of Labor does not approve, then he covers the money back into the United States Treasury. There is no appeal to the courts at all.

Mr. BARKLEY. Would you have an appeal to the President in matters of that sort?

Miss KILBRETH. No; but I think there should be some other appeal than from the bureau to its chief. I think it places enormous power in the hands of the Children's Bureau.

Mr. BARKLEY. The courts are always open where any officer abuses the power that Congress confers upon him.

Miss KILBRETH. No; not here, you see.

Mr. BARKLEY. Not necessarily in the bill, but fundamentally.

Miss KILBRETH. That was a point made on the floor of the Senate, and much debate was had upon it. The bill provides:

"And if the Secretary of Labor shall not direct such sum to be paid it shall be covered into the Treasury of the United States."

There is apparently no appeal at all from that, as far as I can see.

Mr. HUDDLESTON. I notice you say that the Children's Bureau has indorsed Madame Kollontai's system.

Miss KILBRETH. Yes.

Mr. HUDDLESTON. In what way has that indorsement been given? Where does it appear?

Miss KILBRETH. It appears in the book called "Maternity Benefit Systems in Certain Foreign Countries."

Mr. HUDDLESTON. Will you read the part of the book that indorses it?

Miss KILBRETH. It is in the letter of transmittal. It says—and of course that is a matter of inference—it says that these articles are published "in the hope that the information might prove useful to the people of one of the few great countries which have as yet no system of State or national assistance in maternity in the United States.

Mr. HUDDLESTON. How is that an indorsement of the Kollontai plan?

Miss KILBRETH. Now we come to where it quotes Mme. Kollontai, and it says——

Mr. HUDDLESTON (interposing). I want to get you to quote the particular language that indorses that system.

Miss KILBRETH. It says here, referring to this book and giving its Russian name:

"The most comprehensive study on maternity benefits and insurance which has yet appeared in any language is the volume by Mme. A. Kollontai."

Mr. HUDDLESTON. That is the basis of your statement that the Children's Bureau has indorsed the Kollontai system?

Miss KILBETH. Yes. I don't know how much they knew about the later developments. She is still an author. Books have just recently come out about this system.

Mr. BARKLEY. That book might have been the most comprehensive study, and the Children's Bureau might not have agreed with anything in it, might it not?

Miss KILBRETH. Well, I take that as an indorsement. I have been assured by lawyers that it was an indorsement, and Senator Reed used it on the floor of the Senate yesterday. There was a debate between him and Senator Kenyon, who is sponsoring the bill, on that very passage.

Mr. HUDDLESTON. You mean an indorsement of everything in the Kollontai system?

Miss KILBRETH. I should think so; everything that they knew about it. Now if the State is going to take——

The CHAIRMAN (interposing). Under the arrangement which we have at present, which was made before the committee meeting, you have five minutes more, but I think we can stretch it to 10. Beyond that we have other witnesses.

Miss KILBRETH. Now, several Senators said on the floor of the Senate—it was very thoroughly debated in December—that this system in Washington would standardize all the work, and they were assured three times—three times by Senator Sheppard that it would absolutely not standardize; yet here is a Children's Bureau publication, entitled "Standards of Child Welfare," probably the largest of all their books. Here are standards of child-welfare laws, and here is "Need of standardization," etc. They standardize everything, and at the back there is a list of standardizations.

Mr. HUDDLESTON. I notice you make frequent reference to "they." Whom do you mean by "they?"

Miss KILBRETH. I mean the Children's Bureau. When I use it in that connection I mean the Children's Bureau.

Mr. HUDDLESTON. Is there any attempt on the part of the Children's Bureau in that publication you speak of there to standardize anything?

Miss KILBRETH. Yes; absolutely.

Mr. HUDDLESTON. Don't they submit statements made by others merely?

Miss KILBRETH. No, sir.

Mr. HUDDLESTON. Will you be kind enough to read the particular part of it in which they undertake to "standardize"?

Miss KILBRETH. The statements are all in the beginning of the book.

Mr. HUDDLESTON. Is there anything there that undertakes to standardize anything?

Miss KILBRETH. Yes, sir; all that beginning is the articles by delegates. The standardization is at the end: "Minimum standards for the public protection of health of children." The standards are "minimum" and not so extreme as some of the suggestions of the delegates.

Mr. HUDDLESTON. We are dealing with this book now, however.

Miss KILBRETH. I am saying that the summing up is not as extreme as the individual wishes of some of the members.

Mr. HUDDLESTON. Will you give me the germane part that shows that the Children's Bureau has attempted to standardize anything?

Miss KILBRETH. This is the heading: "Minimum standards for the public protection of health of children and mothers. Maternity." Then follow these things [indicating].

Mr. HUDDLESTON. I do not get anything out of that.

Miss KILBRETH. Would you like to look at the book? This is the summing up.

Mr. HUDDLESTON. Unless you can explain it further so I can get some deduction from it.

Miss KILBRETH. "Adoption of standards for working basis." This is an article by——

Mr. HUDDLESTON (interposing). You are discussing another pamphlet now. You are dealing with something else.

Miss KILBRETH. No; it simply clarifies this a little more.

Mr. HUDDLESTON. I was asking questions directed to the previous pamphlet.

Miss KILBRETH. This is their summing up.

Mr. HUDDLESTON. Is there some statement in there in which the Children's Bureau or somebody authorized to speak for it recommended a certain thing being done?

Miss KILBRETH. They do. This is the summing up [indicating].

Mr. HUDDLESTON. That is what I was asking you to read.

Miss KILBRETH. It is quite long.

The CHAIRMAN. It might be made a matter of record to save time, without reading it.

Miss KILBRETH. Here is the book, if you would like to see it.

The CHAIRMAN. Leave it with the committee and make a reference to it.

Mr. HUDDLESTON. If they have recommended such a thing, I would like to hear it.

Miss KILBRETH. There is a page and a half on maternity; then another page and a half on infancy.

Mr. HUDDLESTON. I would like to hear where they recommend a certain thing—anything.

Miss KILBRETH. It says here:

"The following committees were appointed by the Washington conference to formulate minimum standards of welfare."

And these are the results [indicating]; these are what they formulated. It is absolutely explicit and catagorical.

Mr. HUDDLESTON. You mean that then? That is the basis of your statement that the Children's Bureau has recommended the standardization that you speak of?

Miss KILBRETH. This standardization here [indicating]. I say that the claim was made over and over again by Senator Sheppard on the floor of the Senate that they would not standardize anything, and here are the standardizations.

Mr. HUDDLESTON. Now, I am not trying to deal with what was said on the floor of the Senate; I want to know what the Children's Bureau recommend.

Miss KILBRETH. These are the standardizations. Senator Sheppard had charge of the bill in the Senate, and he said it would not standardize anything.

Mr. DENISON. I would like to have that matter placed in the record—those standards.

The CHAIRMAN. What do you mean by the standards?

Mr. DENISON. The things she is referring to.

The CHAIRMAN. That is the whole book, according to her statement.

Mr. DENISON. No; I beg the chairman's pardon; she stated about a page and a half of it. It was too long to read.

The CHAIRMAN. A page and a half on maternity alone.

Miss KILBRETH. Then here is another. Here is one that has been handed to me [indicating]. This is Dr. McKay, who was one of the speakers—Florence McKay, assistant director of the Children's Bureau:

"These standards have been published, and I would like to file with the Senators here copies of them, so they can see what the work for maternity and infancy will be."

Now, whether it was this book that was filed or not I do not know [indicating], but there are standards mentioned over and over again, yet it was insisted on the floor of the Senate that there was no effort to standardize.

Mr. HUDDLESTON. I understand that that first bulletin that you took up there was issued by the Children's Bureau?

Miss KILBRETH. Yes.

Mr. HUDDLESTON. And showed the result of a conference that was held, and the recommendation made by certain persons.

Miss KILBRETH. As a result of the speeches and papers that were read.

Mr. HUDDLESTON. And that is all it is?

Miss KILBRETH. Yes; that is what this is. They formulate then their standards from those speeches.

Mr. HUDDLESTON. Whom do you mean by "they"?

Miss KILBRETH. The Children's Bureau and the conference.

Mr. HUDDLESTON. The persons who took part in the conference appointed a committee that formulated certain findings?

Miss KILBRETH. I suppose they had a committee for just that work.

Mr. HUDDLESTON. But the Children's Bureau did not accept those findings, or make them a part of their recommendations?

Miss KILBRETH. Oh, yes; they did.

Mr. HUDDLESTON. That is what I wanted you to read.

Miss KILBRETH. All right, I will read it to you. This is the statement. The last section, section 6, is called "Standards." Here it is.

Mr. HUDDLESTON. The last section of what?

Miss KILBRETH. The last section of the book is called "Standards."

Mr. HUDDLESTON. Is that part of the committee's findings?

Miss KILBRETH. The rest of the book is the speeches by these different delegates—speeches and papers.

Mr. HUDDLESTON. The standards are the work of the committee. That was formulated by the conference, wasn't it?

Miss KILBRETH. I suppose so.

Mr. HUDDLESTON. The thing I wanted to get you to read is the specific indorsement by the Children's Bureau of those standards.

Miss KILBRETH. All right, this is the work of the committee.

Mr. HUDDLESTON. Before you take up the other pamphlet that the gentleman has handed you, I would like to know where it is in that bulletin that you have been discussing, the specific recommendation or indorsement of the findings of that committee.

Miss KILBRETH. Yes; it says in the section "called standards," section 6—it begins by naming the committees. It says:

"The following committees were appointed by the Washington conference to formulate minimum standards of child welfare."

Of course they had to appoint committees to do that.

Mr. HUDDLESTON. Is that statement the basis of your assertion that the standards formulated were adopted or recommended or indorsed by the Children's Bureau?

Miss KILBRETH. Yes; and here is a book that has nothing in it but standards.

Mr. HUDDLESTON. Well, that is something else.

Miss KILBRETH. But this is the Children's Bureau.

Mr. HUDDLESTON. I don't care what that is; we are talking about this other book now.

The CHAIRMAN. Mr. Huddleston wants you to confine your answers to that one book and nothing else.

Mr. HUDDLESTON. You have asserted that that bulletin is an indorsement by the Children's Bureau of certain standards; I want to know what statements in there you base your assertion on.

Miss KILBRETH. The last section is called "standards." Then it says—at the beginning of this section on standards it says——

Mr. HUDDLESTON (interposing). I wanted to find the particular part which you say indorses, recommends, or adopts those standards. You say you will give me that.

Miss KILBRETH. I say the committee has formulated. Here it is, "Minimum standards for children entering employment," etc. These are all their standards, which the committee put out, and they are published by the Children's Bureau.

Then comes "Administration," "Employment series"—all sorts of compulsory school attendance laws, etc.—"Maternity standards," "Infant care and free schools for children," "Adolescent children."

Mr. HUDDLESTON. Those are matters upon which I have made no question. I am not asking about them.

Miss KILBRETH. I only mean these are all standards——

Mr. HUDDLESTON (interposing). I am not inquiring about what the standards were.

The CHAIRMAN. Miss Kilbreth and Mr. Huddleston, will you allow me to break in there? If the Chair is correct, a member of the committee desires you to read to him any statement to the effect that, published in that book or any other book, the Children's Bureau subscribes and adopts those standards. Now can you do that?

Miss KILBRETH. Yes.

The CHAIRMAN. Very well; that is what we want you to do. It is perfectly simple if you can do it.

Mr. HUDDLESTON. Mr. Chairman, I think the witness understands my question.

Miss KILBRETH. I will read this——

The CHAIRMAN (interposing). No; that will not answer the question, Miss Kilbreth

Miss KILBRETH. This is the same thing [indicating].

The CHAIRMAN. Well, never mind. You introduced that book; now the gentleman wishes to examine you on a statement about that book.

Miss KILBRETH. I am perfectly willing. Here it is.

The CHAIRMAN. Now can you or can you not refer to a definite indorsement of those standards, as they may appear in that book itself? You either can or you can not.

Miss KILBRETH. Here is the list. Here is the work [indicating].

The CHAIRMAN. That is not what he is asking you about.

Miss KILBRETH. Well, here are the standards [indicating].

The CHAIRMAN. No; you don't get the idea.

Mr. HUDDLESTON. It has already been answered to my satisfaction, Mr. Chairman.

Miss KILBRETH. Here is a separate pamphlet with all the standards in it [indicating].

Mr. RAYBURN. Who appointed these committees?

Miss KILBRETH. They were appointed by the convention, which was a convention for the discussion of all these child welfare matters, and these were the committees that were appointed. This is the report on standards of child welfare, the report of the Children's Bureau on conferences of May and June, 1919, to which were invited these distinguished foreigners.

Mr. RAYBURN. And this committee reported, recommending certain standards?

Miss KILBRETH. Very definite standards.

Mr. RAYBURN. And the Children's Bureau published that book as a document of that bureau?

Miss KILBRETH. Yes, it published the book.

Mr. RAYBURN. Therefore you would interpret that they would not have published that book if they had not indorsed it?

Miss KILBRETH. Absolutely. And here is a separate book, containing simply the rules and indorsements and standards—nothing else [indicating].

This is a report of the whole conference, and this is simply the standards, summing up of the committees [indicating].

Mr. HAWES. Are those Government publications?

Miss KILBRETH. Yes; these are all the Children's Bureau publications.

The CHAIRMAN. Now, Miss Kilbreth, if you have a short statement to make to terminate your testimony, I think you are entitled to the opportunity. You were rather driven out of some of your time. Will you make it very brief, please?

Miss KILBRETH. I do not wish to say anything more, except that the menace that I believe exists in this bill, the Socialist menace, is admitted in the State Department document, which was transmitted by Secretary Colby to Senator Lodge. The situation has not changed.

I will leave all these books if you care to look at them.

And the President in his speech of acceptance said:

"It would be the blindest of folly"—this is President Harding's speech of acceptance—"it would be the blindest of folly to ignore the activities in our own country, which are aimed to destroy our economic system and to commit us to the colossal tragedy which has both destroyed all freedom and made Russia impotent." I will leave this book also with the committee, if they care to see it.

The CHAIRMAN. Does any member of the committee desire to ask any further questions of the witness?

Mr. HAWES. Is Miss Lathrop to be a witness?

The CHAIRMAN. Miss Lathrop has been asked by the chairman to appear to-morrow in the time devoted to rebuttal.

Mr. HAWES. I wanted to know whether Miss Lathrop would appear. If she is to testify, I can ask her some questions instead of asking this witness.

The CHAIRMAN. We will now hear Dr. Cumming, of the Public Health Service.

STATEMENT OF DR. H. S. CUMMING, SURGEON GENERAL, PUBLIC HEALTH SERVICE.

The CHAIRMAN. Members of the committee, I wish to state to you that Dr. Cumming and several others of his department have been asked to come here in order that we might find out what part the Public-Health Service has been playing in respect of health matters, affecting the purposes of this bill which is now before us. You may make your statement.

Dr. CUMMING. I thank you, Mr. Chairman, and gentlemen of the committee, I have not had the opportunity to attend the hearings of this committee on this bill, Mr. Chairman, and I must confess that in my mind there is still some doubt as to the intent of the bill. I know that people with whom I have talked as members of various societies throughout the country indorsed the bill and had rather in mind a mental picture of a trained doctor and nurse who attended women before, during, and after child-birth. I have been told that stress has been laid during the hearings upon the fact that the medical and surgical side of the bill is rather a small part and that the bill pertains more to sociological and economics studies. Our viewpoint of the bill will depend a great deal upon what the bill is intended to do. I think there is no question as to the desirability of measures for protection of maternal and infant life. There is some question, however, as to the desirability of methods proposed to accomplish the purposes of this bill, if I understand it rightly. It is not believed that any group of the population should be given a separate consideration in this way. As efficiency in the work which the successful conservation of maternal and child life involves the entire field of public health, for instance, venereal disease, pellagra, which is now breaking out again in the South, and so on. Some of the most frequent problems of maternal and child mortality are obviously problems which can be successfully handled only by the application of general health measures. For instance, some of these are with regard to avoidance of puerperal infection which is one of the most important causes of maternal mortality.

In view of the fact that such a large part of this problem is medical and sanitary, to our mind, rather than social and economic, it is our thought that some provision should be made in the bill for the utilization to the fullest extent of the medical and sanitary personnel of the Public Health Service in order to carry out the evident desire of the administration, and I think both parties for the coordination of effort with regard to the public health work. I think it is important for this reason, in considering legislation, to avoid duplication of existing public health machinery and to utilize to the greatest advantage all of the health agencies already at hand. From a study lasting over some years made by the Public-Health Service of the organizations already created and developed, national, State, and local health agencies, I am of the opinion that more specific provision should be made in the bill for this

utilization of Federal and local health agencies now in existence. For the purpose, therefore, of carrying out the medical and sanitary work contemplated under this bill there can not be any difference of opinion as to the desirability of making full use of the Public-Health Service. I think that you probably have had a great many hearings on the theoretical side of this bill and that it would be more profitable to the committee if we had instead of a general discussion of the bill, several of our officers who have been engaged in this work for a great many years appear before you in order that you might question them as to the practical application of the bill. That is really all I have to say, Mr. Chairman, excepting to answer such questions as the committee may want to place before me. I will state that this meets with the approval of the secretary, that is, my statement.

The CHAIRMAN. Does any member wish to ask Dr. Cumming a question?

Mr. DENISON. Some of the witnesses have stated here that the Public-Health Service had not taken any interest in this subject of maternity and child birth treatment, and that there would not have been anything substantial done along this line in the way of investigation, and in the way of furnishing information if the Children's Bureau had not taken it up. I have heard that statement made and want to know if that is true or not, as far as you know.

Dr. CUMMING. I am under the impression that a great many such wild statements have been made. As a matter of fact, the day that I reported to the Hygiene laboratory of the bureau in 1912 for work during the latter part of Mr. Taft's administration, a short time after the bill had been passed allowing us to do this work, I think the first room I went into in order to enter the laboratory was presided over by one of the doctors here now who was detailed in the investigation and study of the value of pasteurization of milk, infant feeding. The amount of work that has been done by the service so far as I know has been limited only by the appropriations available. Within the past 12 months or so, perhaps 18 months, the Public-Health Service has had a request from State authorities to assist in the organization and development of seven divisions of child hygiene. We have attempted in this instance, as we do in rural sanitation and in all phases of industrial hygiene, to assist the State or industry of the county to develop its own organization, to make it self-supporting, and then to leave it.

I happened to have on my desk the former estimates submitted to the Surgeon General by the chief of the division under which this work comes, and I am very much interested, in view of the statement which you made, to see that he asks for investigation of child hygiene $200,000, and he goes on to the item of general study of mental hygiene of children, $15,000. These studies are needed to determine the causes that bring about the maladjustment of the child to its environment and of other mental defects and to find methods for their prevention. I might state that the piece of work with the State of Oregon along that line is considered very valuable. Also studies of physical education to determine the best educational, recreational and constructive measures in the schools, to promote regular, rapid and healthful physical development of children; research in the pathology of antenatal or early infant mortality, $15,000. This chief made a statement at that time that nearly one-half of the infants in the first year of life died during the first year after their birth. Therefore, a study should be made of the conditions of the antenatal period and the period immediately after birth.

Those studies constitute a most important part of the work devoted to the conservation of child health. The object would be to perfect child health organizations in State departments of health and where practical to leave behind as a result of a division of child hygiene in the State to carry on the work, and so forth.

I think the statement could hardly be borne out in view of the studies of oral hygiene, made by the service.

I might state that the work of this character, including the organization of these divisions, was done at an expense of about something less than $70,000, including salaries during the last fiscal year. I might state that recently at the request of the State of Utah we have started work of similar character combined, as we believe it should be combined, in a campaign through the State for general health work in which tuberculosis is also included as well as child hygiene work and general rural sanitation, which, as a matter of efficiency, should be done together.

The State of Florida has requested us to do the same sort of work, and I am not quite sure whether the officer has already gone down there or not, but he has been ordered. The question with us has not been a lack of desire; it has been a lack of two things. One is money and the other, equally important, the lack of trained personnel.

The CHAIRMAN. Anything further?

Mr. MAPES. I wanted to ask in what way those requests came to you; through what agency of the State?

Dr. CUMMING. Very frequently, when any other agency in the State asks us to do the work, we refer it back to the official State channels, the State board of health. The official request has come to us in that way so that we may cooperate with that State, in accordance with law, through the regular channels of the State authorities.

Mr. MAPES. Do I understand you to say that the State of Utah and the State of Florida made official requests?

Dr. CUMMING. They always do, as far as I know, unless there is an epidemic, and then, of course, the Federal Government has authority to go in whenever it thinks the State fails. That, in modern times, has been very rare.

Mr. BARKLEY. Whatever bureau might have charge of the administration of this law, it would have to be done through cooperation with the State boards, would it not?

Dr. CUMMING. It should be so done, I think, Mr. Chairman.

Mr. BARKLEY. So that you would not have direct charge of the actual contact with the people involved in this law from Washington?

Dr. CUMMING. I do not conceive that to be the proper way for the Federal Government to go into this business.

Mr. MAPES. The object of the entire matter and the administration of it is to stimulate the State to do this thing themselves?

Dr. CUMMING. We feel, Mr. Chairman, that we have made a mistake in general health work if at the end of a reasonable length of time we can not leave the State to run its own affairs in reference to that.

Mr. BARKLEY. Is it not true that in practically all of the States, to some extent, that the State board operate through local boards, county and city health officials?

Dr. CUMMING. Yes, sir.

Mr. BARKLEY. That is, in carrying on the work with the State board of health?

Dr. CUMMING. The success of the health work to-day depends on the efficiency of the county board of health.

Mr. BARKLEY. That leads me to ask this question. Do you believe that the average county physician or county health officer who has been elected, maybe for political reasons, is the sort of man who ought to be in charge locally of work such as is contemplated in this bill?

Dr. CUMMING. We are trying to stimulate the different counties, Mr. Chairman, to get whole-time health officers who are competent.

Mr. BARKLEY. Have they been successful in that?

Dr. CUMMING. No; and I do not see how the passage of any bill would create in the county a competent health doctor.

Mr. BARKLEY. No; but the thought I had was this. There has been wide opposition to this bill on the ground that it proposes to compel people to accept governmental attention and treatment. Whether that opposition has been sincere or whether it has been based upon fancy, I do not know, but it has been expressed that this bill leads to governmental medicine, and leads to the sending of physicians by the Government to treat prospective mothers and mothers who have given birth to children.

It would be unfortunate if any such impression became widespread because nothing like that is contemplated. Anyone who understands the plainest English knows that is not true. But there has been an effort made to create that impression and there has been testimony before this committee last year or this based on that opposition. If it should turn out that the administration of this law were placed exclusively in the health department, whether it be of the Nation or of the State and going on down to contact with the people, and the Government's assistance was brought to the people and in contact with them through inefficient local politically chosen doctors or health officers, would that not be rather an unfortunate condition?

Dr. CUMMING. I can not conceive of such a condition existing very well, Mr. Barkley.

Mr. BARKLEY. How are you going to get around it when we have no power to select and ought not to have the power to select local officials who are to work in harmony under the supervision of State boards of health, and not only in health matters, quarantine, vaccination, and things like that, but that they shall have instruction of and the most intimate relationship with the mothers, prospective mothers, about matters in which they are not called as the family physician but as public officers?

Dr. CUMMING. How would I obviate that?

Mr. BARKLEY. Yes.

Dr. CUMMING. I would think that would be a matter for the community to stop. You would be operating, as you say, through the local authority. They would have been elected by the locality, presumably. It is up to the locality to turn them out at the next election.

Mr. BARKLEY. Yes, but they do not do it.

Dr. CUMMING. I remember hearing a former Speaker of the House of Representatives say that every community got as good elective officers as they deserved. It was up to them to vote for them. I always thought that was a pretty good statement.

Mr. BARKLEY. It is frequently stated that a successful physician would not have one of these local jobs and frequently a man is appointed who has either gotten somewhat superannuated or has not been thoroughly successful in his practice. That is not the universal rule. There are many very high-class county health officers, but it is not at all uncommon to see the other sort.

Dr. CUMMING. I think that is a reflection upon the medical profession which it does not deserve. I know of numbers of free clinics, eye clinics, children's clinics, and dental clinics, to which men who have enormous incomes give up hours of their time every day to carry on the work free for the benefit of mankind.

Mr. BARKLEY. That is to their credit, but that does not mean that that is the universal rule.

Mr. RAYBURN. Is it not true that the overwhelming majority of the doctors who are county health officers are efficient?

Dr. CUMMING. Are efficient?

Mr. RAYBURN. Yes.

Dr. CUMMING. I think the number of efficient health officers within the last two or three years, and I confess I do not know as much about it as Dr. Lumsden, who comes in daily contact with them, are hundreds of per cent better than five years ago.

Dr. BARKLEY. Do you distinguish between health officers and county physicians whose duty primarily is to give medical attention to paupers in the county?

Dr. CUMMING. That depends on the county organization. We feel that the typical organization in the county which will be described to you better by Dr. Lumsden should have a whole-time health officer and visiting inspecting nurses.

Mr. BARKLEY. I am not speaking about the health doctor, but I am speaking about the man whose duty is not to look after quarantine matters and matters of health which some high-class physician may have charge of, but some one whose chief duty is simply to go about over the county and give medical attention to paupers who are not able to employ a physician. Would those men have anything to do with the administration of this law?

Dr. CUMMING. I have not been consulted at all about this law and I have no idea what is intended to have done here.

Mr. BARKLEY. You have some idea how the State departments ought to handle legislation of this sort with the duties under it.

Dr. CUMMING. I should think the average State department would be rather careful in picking out competent physicians. That is a matter of conjecture.

Mr. BARKLEY. If it should turn out that the administration of these duties as they are brought in close contact with the average woman in the county, were administered by the county doctor for the poor, would that not create in women who were not so situated and who might need that sort of attention and education a sort of resentment against the operation of the law, that they were placed on the basis of the poor paupers of the county, and that the State or Government was trying to teach them something about maternity?

Dr. CUMMING. It would be rather hard to tell about the mental reactions of that sort of thing. There are certain types of peolple who resent very bitterly being carried to a hospital at all. I can not conceive, though, that the Government would force itself upon anybody.

Mr. BARKLEY. No; that is what I understand. There is nothing in this law that forces the Government upon anybody, but there has been a very wide propaganda by some of those who are against it that it does mean compulsory Government medical attention.

Dr. CUMMING. It is conceivable under this law that where such rules might be required by the State authority that would allow forcible attention. I do not know what the intention is.

Mr. BARKLEY. No matter who is charged with the duty they have got to have discretion to make uniform rules and regulations and cooperate with the State, and if it was left to your bureau, you would expect to make uniform regulations in as far as they could apply subject to be flexible with reference to conditions in each State.

Dr. CUMMING. Absolutely.

Mr. RAYBURN. Do you consider the question of maternity and child care to be more than 50 per cent a medical question?

Dr. CUMMING. It is hard to tell any percentage. A great deal of it is medical and nursing.

Mr. RAYBURN. You would deal with it as a medical question?

Dr. CUMMING. Very largely a medical and nursing question.

Mr. RAYBURN. It is very hard to get a doctor's license under the laws of the different States as rigid as they are now, to find a licensed doctor who practices who is not more capable of administering this law than a layman.

Dr. CUMMING. Despite the reflection upon the medical profession we have heard so much of, I think the average doctor is much more capable of advising a woman and delivering her than the average layman or laywoman.

Mr. RAYBURN. I think it would be very easy to develop that even in the small towns of four or five or six thousand people, like the one near which I live. I do not live in town, and I do not think anybody ought to. It is a town of 6,000, and we get the best doctors in the town or in the county to be city health officer. They get very little pay, but they do a great service and they like to do it and feel proud and honored to be called upon by the city council to look after the sanitation of the people in the small town.

Dr. CUMMING. I think most of the great advances in medicine have been made by small town and country doctors, if you read the history of medicine.

Mr. BARTLEY. I want to disabuse your mind of any impression that I was intending to reflect on health officers of counties.

Dr. CUMMING. I understand that.

Mr. BARTLEY. What I meant was that all over the country they are not health officers. In my State we have a health officer and then we have a county physician, and the county physician is a political appointment, and that is what I was talking about awhile ago.

Mr. HAWES. Were you invited to this conference on Standards of Child Welfare called by the Children's Bureau?

Dr. CUMMING. What is the date of that? I do not recall that.

Mr. HAWES. May and June, 1919.

Dr. CUMMING. I think I was in Europe at that time. I do not think anybody in our bureau was invited as far as I know. I asked Dr. Schereschewsky yesterday about it.

Mr. HAWES. Your department has prepared voluminous reports on the subject of milk and various other child foods, have you not?

Dr. CUMMING. Yes, sir; I think I have a partial exhibit here. I do not see the names of any of our people here.

Mr. HAWES. I want to know whether you, the representative of an old established department supported by United States money, who have been carrying on a series of experiments for a number of years, were asked your advice.

Dr. CUMMING. No, sir; I think we must have been frozen out of it. There is no name there of anybody attached to our service. I notice the names of many gentlemen whom I know, both from abroad and here, and some of them are doctors, and some are not.

Mr. HAWES. You made an observation to the effect that the work of your department could be established in the State and then a study carried on without your further assistance.

Dr. CUMMING. It is a little different from that in that we go down to assist a State. With your permission, I think Dr. Lumsden, who had charge of so much of that work, will describe in detail that work. We send a man down, a trained worker, to cooperate through the State with the county people or the town people, ordinarily in establishing local board of health, assisting it in reorganizing the State board of health. He is working in that instance with the State health officer and is subject to such general directions as the State health officer may desire. In other words, we never force a Federal officer into a State.

Mr. HAWES. But after the work is established in the State your work is practically completed, is it not?

Dr. CUMMING. Yes.

Mr. HAWES. You do not find it necessary to take charge of the State agency or direct it in any way?

Dr. CUMMING. I would think that the Federal Government was going beyond its jurisdiction if we attempted to do that and that we would be a failure as a Federal health service. In two of the States right now I recall two of our officers who are acting as State and deputy State health officers at the request of the governor and the legislature of the State in order to organize for them their State health work. For instance, I recall Missouri and New Mexico.

Mr. HAWES. It is just about the same way the Federal roads department will lend its engineers to the State roads department for a limited time and then withdraw them?

Dr. CUMMING. We are doing that now, and the sanitary engineers are organizing sanitary engineering divisions in the State, just as we have been doing with child hygiene divisions.

Mr. HAWES. You do not undertake to direct and control all of these departments?

Dr. CUMMING. Not at all.

Mr. HAWES. In other words, after putting them on their feet and supplying them with the methods of organization and develop a plan, you withdraw?

Dr. CUMMING. Yes, sir.

Mr. HAWES. That is the extent to which the health department of the United States goes?

Dr. CUMMING. With the exception of enforcing laws in epidemics of disease.

I will state for the information of the committee, although I think you already know it, that we are furnishing the medical side of the work and have for years in the Immigration Service, the Bureau of Mines, and in the Agricultural Department, the Bureau of Chemistry, and we are just organizing some health work now for the Post Office Department and some other departments. We cooperate with a great many of them now.

Mr. HAWES. What was the work of the department during the war?

Dr. CUMMING. Our department?

Mr. HAWES. Yes.

Dr. CUMMING. It was rather varied. Some of the officers were directly connected with the war, in that we furnished medical officers for Coast Guard vessels. They, of course, remained on the Coast Guard boats, and some of them were in France on patrol work. Several of us—I happened to be detailed over to the Division of Sanitation in the Navy Department at first, and afterwards went over for sanitation of ports in France, etc.

We had an advisor in sanitation for each of the 13 naval districts who had charge of that character of work. Our medical officers were detailed to have charge of the general sanitation in this country outside, of the actual military zone, of the various divisions, posts, camps, forts, etc.

Mr. HAWES. Will you have inserted in the record the list of bulletins on the subject of public health that are issued by your department?

(See Miscellaneous Publication No. 12—Publications of the U. S. Public Health Service—April, 1921.)

Dr. CUMMING. I will be very glad to do so. In addition to that I might state that some of the other officers were directly connected with the Army, being relieved for the time, however, from our service.

Mr. HAWES. What did you have to do, for instance, with a training camp that was located near a city in connection with the hygiene of the men and women and children in the neighborhood?

Dr. CUMMING. We had charge of the general sanitation of the area around the camp.

Mr. HAWES. All the camps?

Dr. CUMMING. All the camps as far as I recall. We worked with the local health departments.

Mr. HAWES. Therefore you went into matters relating to women and children.

Dr. CUMMING. Yes, sir; I understand you had this morning some description of the work in Texas around those camps.

Mr. HAWES. That work in Texas was carried on pretty generally throughout the United States, wherever there were camps or similar to that.

Dr. CUMMING. More or less. I was not here at the time. Dr. Schereschewsky could answer you better. I was not on duty with the service at that time. I was on duty with the Navy.

Mr. HAWES. This bill provides for $10,000 to be appropriated to the State without regard to the size of the State, and the State's proportion of the total for a large State would be approximately $40,000. There was some suggestion made of hospitalization in the various counties of the State. I studied this over for my State and find that if in each county a hospital was built with national money, there would be only about $350. It would not do much for hospitalization in the counties.

Dr. CUMMING. If you will allow me to interject a remark there I want to say that I know nothing whatever of what one of the witnesses called the Moses amendment, stating our attention was called to it this afternoon. I do not know who originated it. I will say that taking the country as a whole it would take $3,000 to $3,500 a bed to build a hospital.

Mr. BARKLEY. I might interject that the Senate defeated the Moses amendment by a vote of 61 to 9 this afternoon.

Dr. CUMMING. I know nothing of it.

Mr. MAPES. I do not know whether you are prepared to answer this question or not, but I would like to get a statement from some one about it. I understood you to say that you had not made a detailed study of this bill. As I understand it the purpose of the bill is to provide means for the education of the people, and especially the women of the country in the care of maternity and infancy. Can you tell us briefly just what your department is doing along that line now?

Dr. CUMMING. Will you not let me give you the actual information from the officer who has immediate charge of it? I think it would be more satisfactory.

Mr. MAPES. If I may interject another thought that I have in mind so that the next speaker may have it in mind, I would like if we can to find out just how much duplication of that part of the work of instructing people in the care of maternity and infancy there is in the Public Health Service and the Children's Bureau in the Labor Department?

Dr. CUMMING. Duplication at present?

Mr. MAPES. Yes, sir.

Dr. CUMMING. I know of one in which there is; possibly there have been two pamphlets covering about the same field. There is that question possibly, but as far as the work is concerned the country is large and the appropriation for both bureaus has been small. There are 3,000 counties in this country.

The CHAIRMAN. We are very much obliged to you, Doctor.

STATEMENT OF DR. J. W. SCHERESCHEWSKY, ASSISTANT SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE, IN CHARGE OF THE DIVISION OF SCIENTIFIC RESEARCH.

Dr. SCHERESCHEWSKY. Mr. Chairman, shall I proceed?

The CHAIRMAN. Proceed, if you will, if you have anything in mind especially.

Dr. SCHERESCHEWSKY. Of course I have a great deal that I would like to say. I would like to say in the beginning there is an urgent necessity for the extension of public health work and a very important phase of public health work is protection of maternal and child life. Such protection, of course, should of necessity be part of the general public health program of the country because you can not dissociate the protection of the mother and the infant from the general public health problem. A good many years ago we took up the question of tuberculosis as a specific phase of public health work, which ought to be controlled and prevented by specific public health measures, and now the National Tuberculosis Association, public health workers, workers in tuberculosis especially, appreciate that the prevention and control of tuberculosis is a part of the general health program and that in proportion as you improve the general health of the population you will diminish and control tuberculosis.

When one speaks of the protection of maternal and child life, then the same thing applies. A minimum maternal death rate and a minimum infant mortality rate does not depend on the application of specific measures applied solely to the mother and the child, but depends upon the summation of the effects of a large number of favorable health conditions, all of which react to the advantage of the mother and the prolongation and conservation of the health of the children. If we wish to diminish to the greatest possible extent preventable deaths among mothers and babies we must of necessity begin work by establishing a basic public health program. We must inculcate in the local community the sense of responsibility for its own health conditions, and stimulate the community to provide scientific means to protect the life of all the citizens from the cradle to the grave. Until we adopt these several measures we will make very little headway by specific measures directed at specific groups of the population and by giving fractional treatment to public health problems. I think there is no service of the Government more conscious of this than the Public Health Service. We have long known and given thought to the excessive mortality among infants and to the causes of maternal mortality. A great deal of our work has been directed toward these lines. It has not been so specifically directed as in the case of the Children's Bureau whose only job is to look out after this, but out work deals with the very fundamentals of the protection of maternal and infant life, without which we can not hope to achieve substantial results. It has covered a broader and more diverse field. But, nevertheless, we have given a great deal of attention to this specific phase.

I do not believe that it is generally known that the very first baby saving exhibition in the United States was conceived and directed by an officer of the Public Health Service in 1909. The very first documents which were published by the Federal Government which dealt with the special problems of infant mortality were published by the Public Health Service. I refer to "Milk and its relation to public

health." It contains a very extensive monograph on infant feeding and infant mortality. Our work as far as it has gone has provided a number of publications upon this and relative subjects, of which these I have before the committee are a partial exhibit. Every one of them that I have here contains work which bears either directly or indirectly upon the problems of maternal and child life. So far as the present activities of the Public Health Service are concerned in this matter of protection of maternal and child life, we have realized that the only way you are going to get adequate protection for them in this country is to create in the State and in the local communities the means by which you are going to protect the lives of the mothers and babies. To that end what we have done with all our energies and with the small funds at our disposal is to stimulate the State and the communities to carry this work on. For instance, last year we aided directly in establishing in seven States departments of child hygiene in States which up to that time did not have funds, and the result of that work has been very substantial.

Take the little State of Delaware, the second smallest State in the United States. As a result of the work of the Public Health Service in that State, it appropriated $120,000 to support the work for child and maternal welfare for two years, or at the rate of $60,000 a year; although more could be spent to advantage than was appropriated by the legislature yet I think that was a substantial appropriation for a State the size of Delaware to make. It was the direct result of the work of the Public Health Service in directing and organizing a child gygiene division in the States.

Again, in the State of Missouri, at the invitation of the governor of the State, we did work there. They had passed a law, a very excellent law, providing for a department of health in the State, in which was to be included a division of child hygiene, and wanted our aid in organizing it. We went ahead and made a study of maternal and child health in the State of Missouri, and as a result of that work, they appropriated for a department of child hygiene in that State. A very important feature of that work was the care that was taken to establish child health centers that had for their object giving direct instructions to expectant mothers, and after the babies were born to teach the mothers how to keep those babies well. I think that we established some 15 or 20 of these centers throughout the State. I am looking here in my papers for a progress report that was published in the weekly Public Health reports of progress of the work, but I have so much here that I am afraid I have misplaced it.

For instance, one of the very first activities in the State of Mississippi, where we organized this year a department of public health, was to see what could be done toward placing the midwives of the State under some form of supervision, so that those who did insist on employing midwives would be sure that the midwives had a certain amount of training, and to give them certain attention. That was one of the very first evils in the State which our officer, who went down there to cooperate with the State board of health, set herself about to correct as soon as she was on the job.

Besides this very important aid given the States in organizing departments of child hygiene and creating facilities for the care of expectant mothers, and the protection of the health of the new-born child, we have also carried on a large number of studies in oral hygiene, school hygiene, and mental hygiene, with relation to children's nutrition, such as various studies of milk in the feeding of infants, with respect to the value of raw milk and pasteurized milk in the feeding of infants, and a great many investigations of that kind have a direct bearing upon the conservation of child life.

For instance, in oral hygiene we have had an oral hygiene unit, consisting of a dental surgeon and an oral hygienist, studying oral hygiene among the children of several States. This work was done at the request of the State and local health officers. As a result of the work of this unit, a number of local oral hygiene units have been established, supported by funds from the local communities, having for their object the improvement of oral hygiene among the children of the community. As you know, it is only within recent years that we have realized the grave effects upon the public health, especially upon the health of children, of bad mouth conditions.

Mr. HUDDLESTON. I would like to know whether your publications are intended for general circulation or intended for physicians.

Dr. SCHERESCHEWSKY. Our publications are intended for at least three or four groups of persons. First of all, when we deal with a highly technical or scientific subject which is practically applied by technical officers, we publish those bulletins which are circulated among this particular audience. Then there are the publications designed to convey information to those who practically apply the health laws; I mean those having to do the public health business of this country, State, local, and county health officers who are the persons who protect the health of the people along the line of actual applied sanitary science. The kind of information printed for these persons reaches them generally through our public health reports. Moreover, we have what are called public-health bulletins written in language that anybody may under-

stand. These go to a large and varied clientele, chiefly persons who are interested in public-health work, persons in volunteer health associations, nurses and persons who make the pursuit of public health their business in life. Then, we have our popular bulletins which are distributed to the general public, and, of course, you understand we run a very large information service. We receive I do not know how many letters a day from persons all over the country, asking for information in regard to public-health matters, among which are very many queries as to the matters of maternal hygiene and infant hygiene. We either send them a short bulletin in popular language which we may have ready for that occasion, or if it happens to be a specific query, the information is gotten out for them and they are answered in detail.

Mr. HUDDLESTON. Do you undertake to answer specific inquiries?

Dr. SCHERESCHEWSKY. Yes, sir; on any public-health question. We do not tell them how to treat disease.

Mr. HUDDLESTON. Where they write asking what to do for certain ailments, you do not undertake to answer that?

Dr. SCHERESCHEWSKY. We do not undertake that. First of all, long-distance diagnosis is not reliable. We tell the writer to go and consult a good physician. We do not undertake to give mail treatment for disease. But we give advice on public-health questions and give them answers to questions on personal hygiene.

Mr. HUDDLESTON. Do you undertake to tell how a man may keep himself from contracting tuberculosis?

Dr. SCHERESCHEWSKY. Indeed we do.

Mr. HUDDLESTON. But if he should have tuberculosis, you would not undertake that.

Dr. SCHERESCHEWSKY. We would not undertake to treat him; no. But we could give general advice directed to the cure of tuberculosis.

Mr. HUDDLESTON. You have your popular publications?

Dr. SCHERESCHEWSKY. Yes, sir. We tell him precautions to take in order to prevent transmission of the disease to others and tell him of his chances of recovery, which would be very good provided he lived the proper life and took medical advice, and so forth. We would cheer him up. But, of course, we would not undertake to give him treatment for his condition. That would be foolish. We would not know what was the matter, and in the second place, I do not know that it is the business of the Federal Government to furnish treatment to the private individual, but it is our business to disseminate useful information.

Mr. HUDDLESTON. It is not my purpose to divert you.

Dr. SCHERESCHEWSKY. I have not very much more to say in regard to this matter except to emphasize the fact that we have had a great deal of talk about the protection of child and maternal life being a sociological question. It is not. People do not die of sociological conditions. They die of actual ailments. Of course, nobody will deny that sociological conditions have an important effect upon the condition of health of the individual. If a person can not get any food, of course, he will starve to death. In the winter time if he can not get adequate clothing and shelter he is very likely to suffer from the effects of the cold weather in the form of pneumonia or diminished vitality that causes him to be a prey to infestion. Of course, there is a sociological side to the question. But there are only two ways in which you are going importantly to effectively protect the lives and health of the people. In the first place you would if you could get it, give them money enough to buy all they desire. That, of course, is absurd. The question then becomes one of proper public-health protection, leaving the individual to work for himself under optimum health conditions. You can do that. You can go ahead with those measures which will protect the health of the people. Those are not sociological measures; they are public-health measures, medical measures, and every public-health measure of any consequence, or every efficient measure that we know for the protection of the public health is directed by physicians and their aids.

Mr. HUDDLESTON. With reference to your publications, tell us what is your annual appropriation for publications, so that we may get some idea of the scope of your activities.

Dr. SCHERESCHEWSKY. I can not give you those exact figures because the annual appropriation for printing is not under the control of my division. We have some $125,000 for printing.

Mr. HUDDLESTON. You have issued many of them during the last 10 years.

Dr. SCHERESCHEWSKY. Last year I think we published something like 13,000,000 pamphlets. Of course, the Joint Committee on Printing thinks we have been publishing too much. In fact, Senator Smoot thought our health almanac was an improper use of Government funds, and I know that we have cut down in our printing now in amount.

Mr. HUDDLESTON. That number of pamphlets gives an idea of it.

Dr. SCHERESCHEWSKY. We distribute something like 13,000,000 pamphlets annually

Mr. BARKLEY. How many separate pamphlets does that include?

Dr. SCHERESCHEWSKY. I could not say. I have here a list of our publications up to April, 1921, and I judge there are in our total publications probably 1,000 different titles of one kind or another. For instance, there are supplements of public health reports, 46; Keepwell series, 12; miscellaneous publications, 26; posters, 15; reprints of public health reports, 643, etc.

Mr. HUDDLESTON. One thousand different publications a year.

Dr. SCHERESCHEWSKY. Not so many as that; 150 different publications a year; I have not tabulated them.

The CHAIRMAN. Have you any further statement, Doctor?

Dr. SCHERESCHEWSKY. No, I have not much further, except the general statement that this matter is a public health problem, and it is my belief that it should be administered by those who know public health.

Mr. MAPES. I would like to get your opinion as to the relative importance of these pamphlets that you have been speaking of and the personal work that is done by your service.

Dr. SCHERESCHEWSKY. I do not quite get the significance of that question. Of course, our object in printing these documents is to inform the general public. But they are not sent indiscriminately. Many of these documents that are printed, when we are doing work in a State, are distributed through the State agency to persons whom they wish particularly to influence in the course of the work.

Mr. MAPES. This is what I have in mind. I do not know but what you have answered it. You print these documents and you do not know who reads them or how many of them are read.

Dr. SCHERESCHEWSKY. A great many are sent in direct response to inquiries we receive.

Mr. MAPES. That is quite a common practice, for Government bureaus to issue circulars, and I wanted to get your judgment as to how important you consider those as compared with the work done by your personal representatives you send into the State.

Dr. SCHERESCHEWSKY. I feel that the work of our personal representatives who go into the State at the request of the State health authorities to organize the work is very much more important than the mere scattering of documents broadcast through the land. But the point is this. These men who go into the States have the means of placing these documents in the hands of interested individuals who will read them and see where they are doing good. For instance, there is our news service that Miss Kilbreth mentions, which goes into the patent insides of I do not know how many different country newspapers and are read with the rest of the news inside there and become the object of discussion, so that very frequently we get at the Bureau of the Public Health Service inquiries which are generated by those very articles published in the papers, saying, "We read it in the paper and would like to get a few more details from you in regard to it."

Mr. MAPES. You have studied this particular bill?

Dr. SCHERESCHEWSKY. Yes, sir.

Mr. MAPES. Just to what extent is the Public Health Service doing the work that this bill proposes that the Children's Bureau shall do?

Dr. SCHERESCHEWSKY. I gave the committee the extent of what we were doing in this way, that we had cooperated during the past fiscal year in aiding seven States to establish a division of child hygiene and are working in two States now. We do not get any great amount of money that can be spent in this way, and we try to make it go as far as we can.

Mr. MAPES. In order to properly do the work, is it necessary to have an appropriation which will enable you to send representatives into each individual State?

Dr. SCHERESCHEWSKY. Yes. It would be a great advantage to have a representative from the Public Health Service to cooperate in the State with the State health authorities by aiding those State authorities to establish for themselves an adequate system in their State.

Mr. MAPES. This bill, of course, provides for a direct contribution to the State?

Dr. SCHERESCHEWSKY. Yes, sir.

Mr. MAPES. There was a distinguished witness before the committee yesterday, who said in substance, if I understood his testimony correctly, that he doubted the necessity of a contribution to the State, but that he thought it was advisable to have the Government show the way. I am not trying to quote him at all, but only to give the substance of his testimony, and if the Government did point out the way, that it would stimulate the States and shame them, so to speak, into taking care of

the work provided for in this bill without any direct contribution from the National Treasury. What is your judgment about it?

Dr. SCHERESCHEWSKY. My judgment is that the Federal Government has a certain responsibility for the care and health of its citizens. It is not wholly responsible, for the local community has the greatest responsibility of all, nor for the same reason is it the responsibility of the State, which has its own definite responsibility. I believe the Government should participate in the protection of the public health of the United States, but only to the extent which corresponds with its joint responsibilities with States and local communities.

There is one other thing. The Government certainly can and does in many other activities exercise a powerful stimulation in leadership for the State and local community, to get the State and community to act for itself in protecting the life and health of its citizens. It does that in other things.

Mr. MAPES. Has the Public Health Service got the organization, if the funds were provided, so that it could expand sufficiently to take care of this identical work?

Dr. SCHERESCHEWSKY. Yes, sir; unquestionably.

Mr. MAPES. It would be only a question of making the appropriation to enable the Public Health Service to do this work and point out the way for the States?

Dr. SCHERESCHEWSKY. Yes, sir; absolutely. For years we have been cooperating with the States. Without seeming to indulge in levity, I may say that cooperation with the States is the middle name of the Public Health Service. That has been our special duty, to cooperate with the States, and they all know us and have confidence in us. They know that we know just exactly how the Federal authority comes in their States and where the Federal authority ends and States' rights begins.

Mr. MAPES. How much would the overhead be increased?

Dr. SCHERESCHEWSKY. The overhead of the Public Health Service?

Mr. MAPES. Yes.

Dr. SCHERESCHEWSKY. It would not be increased very much. The actual overhead of our bureau is low—we have the lowest overhead of any Government service—in my own particular division, where we decentralize our work, the entire office personnel of my own division is seven. It is not a heavy overhead.

Mr. MAPES. The Children's Bureau, as I understand it, is getting out some bulletins along the same line that your organization is?

Dr. SCHERESCHEWSKY. Yes, sir.

Mr. MAPES. Is it doing any other work for the education of the people in the care of maternity and infancy?

Dr. SCHERESCHEWSKY. I am not fully acquainted with all the work of the Children's Bureau. I hope I have not created the impression that I am belittling the Children's Bureau or accusing them of duplication. As a matter of fact, we do not begin to cover our field, either one of us, for that matter. And while the Children's Bureau and the Public Health Service are in many instances doing the same kind of work, our tracks have not crossed.

Mr. MAPES. That is a very commendable spirit. I was not asking my question for the purpose of criticism, but for the purpose of obtaining information.

Dr. SCHERESCHEWSKY. No. The Public Health Service and the Children's Bureau are doing identical work. In other words, I know the Children's Bureau has relations with the State departments in child hygiene and so have we. Both of us try to help them out. We are Government servants here and the Government serves the public.

Mr. MAPES. Should we, if we could eliminate that duplication, put it all into the hands of one service?

Dr. SCHERESCHEWSKY. If you want to be logical, I would say that all health matters should be under the direct charge of one Government agency; in the interests of efficiency no other answer is possible. Of course, Congress in its wisdom will do exactly as it wants to in regard to that matter.

Mr. MAPES. In your opinion, is there such an eagerness on the part of the States now to take up this work and provide for the education of the people in maternity and infant care that if the way could be properly pointed out to do it, they would do it themselves without any direct aid from the Federal Government?

Dr. SCHERESCHEWSKY. I think that some form of aid from the Federal Government would be a stimulus undoubtedly. This movement for the protection of maternal and child life is now in the popular mind and measures for its protection would doubtless be generally adopted after a while. We can aid them and stimulate them by judicious Federal aid and bring about a result which if left to the process of natural evolution would take a great many years to accomplish. We could certainly hasten the day when the public measures which the State or community ought to take for the protection of child and maternal life will be taken. But I am afraid that what

I have not made clear is this, that I do not think that we ought to legislate specifically for one group of the population, when as a matter of fact the result attained will be better attained by a general health program. The proponents of this bill may say, "This is a sociological measure"; "we don't intend to do any medical work," etc., and that 25 per cent of the appropriation is to be devoted to educational work. But I want to say this. If the bill is passed, as soon as they get practical experience in working under this bill, I will bet a dollar to a doughnut, that every plan which is submitted for approval by a State for the protection of child and maternal life, will involve a general health program and practically nothing else, and I will bet my last cent on that.

Mr. MAPES. Would you also bet that the State would select the Public Health Service to put it into effect?

Dr. SCHERESCHEWSKY. I do not know about that. The Public Health Service is ready to cooperate at any time with the Children's Bureau to its fullest ability.

(Thereupon, at 5.15 o'clock p. m., the committee adjourned to meet again at 10 o'clock a. m., Saturday, July 23, 1921.)

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Saturday, July 23, 1921.

The committee met at 10 o'clock a. m., Hon. Samuel E. Winslow (chairman) presiding.

The CHAIRMAN. If the members of the committee will kindly give their attention, we will proceed with the further consideration of the so-called Sheppard-Towner bill. The Chair will call on Col. Keiley as the first person to make a statement this morning.

STATEMENT OF COL. C. R. KEILEY, OF RICHMOND, VA.

The CHAIRMAN. Colonel, will you kindly give your name, your home address, and what or whom you represent.

Col. KEILEY. C. R. Keiley, Richmond, Va.

The CHAIRMAN. I do not want to clip your wings at all, Colonel, but we have only this morning for this side and if you can be reasonably brief the committee will try to read between the lines.

Col. KEILEY. Mr. Chairman and gentlemen of the committee: During the war and now——

Mr. NEWTON (interposing). Colonel, in connection with giving your name, will you also state your line of business.

Col. KEILEY. I am going to give that now. During the war and since, because our council is still functioning, I was the executive officer of the Virginia Council of Defense. Our State council of defense was a peculiar body in that it consisted of every chief of department in the State of Virginia, and one of our prime matters of concern during the war was the conservation of public health, and as the executive officer of the Council of Defense I was in touch with all the health efforts of all kinds in the State of Virginia; in some instances, I may say, directing them.

I found at that time that there was apt to be a great deal of difficulty in managing health matters when one health department, you might say, was under one agency, and another health department under another agency. For instance, our social hygiene, or what we call our V. D. Bureau was under the War Camp Community Service or under the National Commission on Training Camp Activities. We, in Virginia had very little trouble after a few weeks, although that particular branch of work would naturally in our State fall under our commissioner of charities and correction, because it was largely corrective work; but we were able through the Council of Defense, the commissioner of chairities was a member as well as the health commissioner, to make our plans so they did not conflict.

My prime objection to the Sheppard-Towner bill is that the control of the work is badly placed. It seems to me to be distinctly a public health measure, and if it is to be a public health measure it should with the United States Public Health Service. We have had in Virginia a very agreeable relation with the Public Health Service. The former surgeon general, Rupert Blue, some time ago—was it three years ago or four years ago, Doctor?

Dr. SCHERESCHEWSKY. Three years ago.

Col. KEILEY. Three years ago made arrangements with us for cooperative public health work in our State. I was reading an account some time ago of one of the hearings before this committee where some one said that less than 3 per cent of the rural United

States had adequate local public health service. Gentlemen, I am not surprised. We had less than that in Virginia three years ago when this matter was started; but through a cooperative plan, working the United States Public Health Service and the State Board of Health, and the Council of Defense of Virginia—these were the three agencies combined in it—we have gotten in 11 counties of Virginia a fairly adequate health service, in four or five counties a very adequate health service, and we have very largely improved health conditions throughout the State; very largely improved them.

Furthermore, we have done something which a few years ago seemed to be incredible. We have made the legislators and the country people of Virginia take such an interest in public health work that they are willing to make appropriations for cooperative health work.

Gentlemen, you know that you have no money tree here in Washington. Money does not grow on trees to be shaken off as the leaves. You tax us in the States to get the money to appropriate. It seems to me a manifest unfairness to use the taxes of the State for a specialized purpose and in a way that we think is incorrect, and then tell us that we have got to tax ourselves additionally in order to meet a tax, part of which you are giving back to us, or else allow our money to go to another State. We do not think it fair.

All of us are interested in maternity work. I think nothing of the argument that only a small portion of the population is affected, because at some period of our lives all of us are infants, and a very material proportion of the population is at one time or another a mother, so that that argument does not appeal to me at all, but rather the uneconomic aspect of the case, the financial unsoundness of the proposition of trying to put in counties that have the greatest difficulty in raising $2,500 or $3,000 a year for public health work, and then only through private subscriptions—to try to create a highly specialized department with somebody for this subject and somebody for that subject, and somebody for another subject, no matter how important it may be.

They are my main objections to this bill. We have in Virginia our local problems. We have not the problems in Virginia that Maine has. They have problems that come from a cold-weather country, so has Minnesota. We have problems that arise in a territory that is warm and where we live outdoors most of the year. In other words, to be perfectly plain, we have intestinal parasite troubles in Virginia. The mother who has hookworm, the mother who has dysentery or diarrhea or who has pellagra; the mother who is affected with any one of the diseases that come from the intestinal parasites or from malnutrition or any other weakening proposition, is certainly going to be a rather hazardous mother. Her health will be affected and the health of her child will be affected, and therefore, gentlemen—and I am taking the advice of Col. Winslow and making this statement brief—I have no objection at all to the Sheppard-Towner bill or to Judge Towner's bill, as a bill, but I think with this bill you will waste money, because less money would produce probably four or five times as great an expenditure throughout the States, because it would have the sympathy of the State and of the State legislature.

I thank you, gentlemen.

The CHAIRMAN. Does any member of the committee desire to question the witness? If not, we thank you very much, Colonel, for coming here.

Is Mrs. Lockwood here? [After a pause.] Apparently, Mrs. Lockwood is not here yet.

Will Dr. Martin please testify next? [After a pause.] Dr. Martin is not here at this time. Is Dr. Williams present?

Dr. WILLIAMS. Yes, sir.

STATEMENT OF DR. E. G. WILLIAMS, STATE HEALTH COMMISSIONER OF VIRGINIA, RICHMOND, VA.

The CHAIRMAN. Doctor, please give your name, address, and what or whom you represent.

Dr. WILLIAMS. Dr. E. G. Williams, State health commissioner of Virginia. Mr. Chairman, I do not want to be considered in opposition to this bill. As a member of the executive committee of the Conference of State Health Officers, when this matter was brought to our attention, I voted in favor of approving this bill because I consider that this bill is a great step in advance over present conditions. All approvals are relative. I am a great believer in getting what you can when it is an improvement on existing conditions, but if it be possible to improve this measure, to make it more suitable to the real needs of the people, I think that should be done.

In the hearings you have doubtless heard much in favor of this bill, and I will not go into that but will presume that what you want is criticism of the bill to show how it may possibly be improved.

The bill only deals with one of the many phases of public health work. The needs of different communities vary. The needs of the same community at different times vary. Public health should be developed logically and in an orderly manner, according to the relative needs of those communities.

I should like to cite an illustration of just what I mean. In the year before the war the superintnedent of a large manufacturing plant, that had settled in a community and that had built up around it quite a settlement, came up to the State board of health and asked if we could not help him, and stated that there was so much sickness among his employees that some of his machines were always idle on account of sick employees.

We made an investigation of conditions in that community and told him we could help. We sent a man there and the company said that they would do whatever was recommended. The result was that the following year the manager came up to the office again and said that he came up to express his appreciation for what the health department had done for his community, and stated that whereas in the previous year his work was seriously handicapped by illness and some of his machines always idle, because he could not get enough employees on account of the sickness of themselves or their families, that after this work had been done he had all the help he wanted; that none of his machines had, during the previous summer, been idle on account of sickness; that the laborers were healthy, contented, and happy, and were willing to stay with him, notwithstanding the fact that that year was the year the war had begun, and the Government was offering big wages to induce laborers to do Government work. The needs of that community were fundamental needs, a safe water supply and safe disposal of human filth, and to get rid of conditions that were breeding mosquitoes. That was the work which we did there.

This simply shows what can be done by logical development and by meeting the needs of the people. How useless it would have been in that community to have put in a maternity or a welfare department. There are some places where the development has reached a stage where you should put in child welfare and maternity departments; but many communities, and in fact, most of the communities, need more fundamental features of health work. It would be almost like building a city and putting in a hospital or a dispensary for infants and mothers before you put in a pure water supply or a safe sewerage system.

Therefore, I think if the Government can help us, it should be left with the local community to put in health work according to the greatest needs in that community instead of supplying them with a ready-made plant and trying to make it suit all communities.

Mr. DENISON. Then, Doctor, you are opposed to tnis idea of certain standards being fixed by a bureau in Washington and prescribed for the different localities?

Dr. WILLIAMS. Yes, sir; because the work in the community should be done according to the greatest needs in that community.

Mr. DENISON. This bill has a provision, as I remember it, which requires that the regulations or terms prescribed by the bureau which handles it must be accepted; or, to state it in another way, the plans provided by the local community must be approved before they can get any help. Are you in favor of such a provision?

Dr. WILLIAMS. I understand that this is all for maternity and infants, as I read the bill.

Mr. DENISON. Yes.

Dr. WILLIAMS. But, for instance, in the community I just referred to, could that fund be used for getting a pure water supply and a safe disposal of filth? That was the greatest need in that community. The work that was done there saved more lives, mothers and infants, as well as other people in the community, than any other one thing could have accomplished.

Do I understand that this fund could be used for these general health measures and not limited to mothers and infants?

Mr. DENISON. I do not think it could under the provisions of the bill.

Dr. WILLIAMS. I understand that is the condition.

Mr. DENISON. Are you opposed to this bill being limited to this particular subject?

Dr. WILLIAMS. I think it should be broad enough to put in those improvements that the community needs the most. Do you not see that it would be useless in that community to put in infant and mother work when this other work would help mothers and infants as well as others?

Mr. DENISON. You are opposed to any policy of Federal legislation which will require that the money appropriated must be used for a single particular purpose?

Dr. WILLIAMS. I do not oppose any health legislation when it is an improvement on what we have. I simply prefer to have first what is going to help all the people.

Mr. DENISON. What I am interested in learning is whether you are for or against this particular bill?

Dr. WILLIAMS. If you can not make an improvement on this bill, the improvements which I think should be put in, then give us the bill, but I think it would be a wiser expenditure of money to get the greatest results by giving greater latitude so that you can help others as well as the mothers and infants.

I should like to put in the record a series of resolutions adopted recently in Boston by the conference of State health officers, as they have approved the bill.

The CHAIRMAN. Will you read them or give them to the reporter to be embodied in the hearing?

Dr. WILLIAMS. I will read only one preamble; I will not read all the preambles.

The CHAIRMAN. Very well.

Dr. WILLIAMS (reading):

"Whereas (7) the health needs of different localities, varying widely because of difference in climatic, economic, social, and other conditions, can not be met economically and effectively by any highly specialized program of health work: Therefore be it

"*Resolved by the conference of State and Territorial health officers with the Public Health Service:* (1) That proper expenditures for the establishment and maintenance through out our rural districts of local health service with whole-time well-qaulified personnel to carry out in logical and advantageous sequence the different branches of health work needed from time to time in the different localities would accomplish more for the national welfare than could be accomplished with equivalent expenditures for any other purpose.

"(2) That the application of the principle of Federal-aid extension to rural health promotion is entirely logical, is consistent with the theory and established practices of our system of Government, and is necessary to the protection, to a reasonable degree, of our national health interests.

"(3) That the cooperation of the Federal Government with State and local agencies for the promotion of rural health work should be extended through one Federal health agency in one department of the Federal Government.

"(4) That of the sum of about $20,000,000 a year which eventually will be needed to carry out a reasonably adequate program of rural health work in the United States about $2,000,000 should be furnished by the Federal Government, about $6,000,000 by State governments, and about $12,000,000 by local (county, township, or town) governments with the financial assistance of private agencies."

Mr. BARKLEY. What did it resolve?

Dr. WILLIAMS. Those were the resolutions; I only read one preamble.

Mr. BARKLEY. Where held?

Dr. WILLIAMS. Those were the resolutions adopted at the conference recently held in Boston.

Mr. BARKLEY. What territory does that conference represent?

Dr. WILLIAMS. The State health officers of the States of the country.

Mr. BARKLEY. Of the United States?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. Did that conference take any action on this particular bill one way or the other?

Dr. WILLIAMS. Not the recent conference. The executive committee before Christmas had this bill before it and later in the fall——

Mr. BARKLEY (interposing). What did they do then?

Dr. WILLIAMS. They approved it.

Mr. BARKLEY. They approved the bill?

Dr. WILLIAMS. Yes, sir; the Sheppard-Towner bill, and at a recent meeting in Washington the actions of the executive committee were approved. These resolutions, I should mention, were passed on subsequently.

Mr. BARKLEY. None of these resolutions contradicts their previous action indorsing this bill?

Dr. WILLIAMS. As I say, so far as the Sheppard-Towner bill is concerned, I speak only for myself. The approval of the bill was relative. It is such an improvement on present conditions, but if the provisions can be improved, so much the better. The resolutions had no relationship to this bill.

Mr. BARKLEY. This association, composed of the health officers of the States, specifically indorsed the Sheppard-Towner bill last fall?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. And they have not rescinded that action?

Dr. WILLIAMS. No, sir; only this general statement of principles.

Mr. BARKLEY. That is broader than the work contemplated by this law?

Dr. WILLIAMS. Yes, sir. I think the Sheppard-Towner bill could be amended so as to come within these principles; it would be an improvement on the Sheppard-Towner bill.

Mr. DENISON. Have you a copy of the resolution of the National Association of State Health Officers that you can introduce in evidence?

Dr. WILLIAMS. No; I have not.

Mr. DENISON. Were you present at the time this matter came before the association?

Dr. WILLIAMS. At a meeting of our executive committee; I was present at one of the meetings.

Mr. DENISON. How many were there on the committee?

Dr. WILLIAMS. Ten or eleven.

Mr. DENISON. Were 10 present?

Dr. WILLIAMS. I do not remember just how many, but a quorum was present. We rarely have 11 persent, but usually 8 were present.

Mr. DENISON. You have no copy of any resolution that was passed at the time with reference to this bill which can be introduced in evidence?

Dr. WILLIAMS. No; I have not.

Mr. DENISON. In the discussion which you say resulted in the indorsement of this bill did the association decide or was it discussed as to whether the administartion of this bill ought to be in the United States Public Health Service or the Children's Bureau; was that question discussed?

Dr. WILLIAMS. No; I do not think that particular question was brought up. There was a general approval of the bill. There was a request for one amendment, which I think was put in later. The original bill first brought before us last fall provided for a separate division or bureau or committee in each State to look after the work separate from the State health department. The present bill is amended so that it can be put under the health department if they have a bureau, or, if they have no bureau, the legislature must decide where it is to go.

Mr. DENISON. I am speaking with reference to who shall have charge of it for the Federal Government. The bill now provides that it is not to be under the Public Health Service. Do you understand that?

Dr. WILLIAMS. Yes; it is under the Children's Bureau, which is one feature that could be improved.

Mr. DENISON. Did the national association or the executive committee give thought to that subject?

Dr. WILLIAMS. I do not think that particular phase was discussed.

Mr. DENISON. They approved it without considering the question as to who should have the administration of it?

Dr. WILLIAMS. Here is a letter to Mrs. Putnam from Dr. Rankin, who was formerly the president of the association, in which he says:

"All of the State health officers would prefer that this bill be frankly recognized as a health measure and placed under the United States Public Health Service."

I do not like to speak for all of the members of the committee, but I know that most, if not all, of us believe that all Federal health activities should be under the United States Public Health Service.

Mr. DENISON. I think that is a very material point to know.

Dr. WILLIAMS. That particular phase was not officially acted upon. I do not like to commit the whole committee.

Mr. BARKLEY. Are there two organizations in this country, the health officers; that is, the State and Territorial Health Officers and the State and Provincial Health Officers?

Dr. WILLIAMS. We usually meet four days. Two days they meet without the United States Public Health officers and two days the conference meets with the Public Health officers. They are the same body with the exception that at two days' sessions the Surgeon General presides. It is the same personnel composing the conference with the exception of the Surgeon General and his officers.

Mr. BARKLEY. One is known as the State and Territorial Health Officers and the other as the State and Provincial Health Officers?

Dr. WILLIAMS. No; it is the conference of State and Territorial Health Officers of North America.

Mr. BARKLEY. That includes Canada?

Dr. WILLIAMS. One of them; yes, sir. When we meet with the Surgeon General the representatives from Canada are there upon invitation, but are not official representatives.

Mr. BARKLEY. So that when you are meeting with the whole body of officers of North America it is known as the State and Provincial Health Officers?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. And when it is a meeting of the members of the United States it is known as the State and Territotial Health Officers?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. With the same personnel?

Dr. WILLIAMS. Yes, sir; except the Canadians.

Mr. BARKLEY. Which one of these organizations was it that indorsed the Sheppard-Towner bill last fall?

Dr. WILLIAMS. The State and Provincial Health Officers.

Mr. BARKLEY. The whole of North America?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. When the State and Territorial Health Officers were meeting with the Public Health Service, did they take any action on this subject?

Dr. WILLIAMS. The resolutions that I read were passed on the date we met with the Surgeon General.

Mr. BARKLEY. The resolutions were adopted by the part of the convention that was devoted to the United States alone?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. The whole body, composed of delegates from all the United States, passed the resolution indorsing the Sheppard-Towner bill?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. If the bill should be amended after the suggestions made by your organization, no matter which one of these bureaus in Washington has the administration of the law, out in the States it will be actually administered by the boards of health?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. Provided they put up their part of the money?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. So far as the State organization is concerned, there will not be very much actual difference in the administration of the law?

Dr. WILLIAMS. We think it is better to have one central health authority than to have several.

Mr. BARKLEY. Has Virginia a department of health devoted to this work?

Dr. WILLIAMS. Yes, sir; we have a child's welfare bureau.

Mr. BARKLEY. Already organized?

Dr. WILLIAMS. Yes, sir. In fact, in one of the counties maternity work is being conducted.

Mr. BARKLEY. Is it not true that the general principles of child hygiene and maternity care are well known and pretty well standardized already all over the country, subject to differences that may exist?

Dr. WILLIAMS. There is a great deal of work done which is fairly well standardized.

Mr. BARKLEY. The differences in conditions that might exist in various States are not so wide that it would be impossible to lay down broad principles as a standard for all the States?

Dr. WILLIAMS. I think if you want to save mothers and infants that the work which you would have to do in different communities would vary very greatly. In some communities before you do the work that is usually done in child and maternity welfare, you should see that the general conditions, such as the proper disposal of human filth is taken care of, malaria should be gotten rid of, and the water supply to different homes should be properly protected. Those things should be done first before you are ready to put in your more highly specialized people on the infant and maternity welfare work.

Mr. BARKLEY. These regulations from time to time from Washington must be broad enough and general enough and elastic enough to apply to any particular community?

Dr. WILLIAMS. Yes, sir; exactly. In a community heavily infected with malaria we could save more lives by looking after that.

Mr. BARKLEY. No bureau in Washington would be supposed to lay down hard and fast rules that could not be deviated from by any community, no matter what the local conditions might be?

Dr. WILLIAMS. Well, according to this bill I understand it would rather narrow the use of this fund. I think it should be sufficiently elastic.

Mr. BARKLEY. If you proposed to carry on this work, in order that you might share in the fund created by this bill, you would not expect the Federal Government to permit you to share in this money without having some overseeing power as to the manner of the expenditure?

Dr. WILLIAMS. I think the Federal Government, putting up that money, should have certain supervisory power.

Mr. BARKLEY. It must have a string on some of it?

Dr. WILLIAMS. Yes, sir.

Mr. BARKLEY. That is all.

Mr. HAWES. I am interested in the matter of these resolutions by the National Association of Health Officers. As I understand, the matter of control of this work was

not discussed; that is, whether it should be under the Department of Labor or the Public Health Service?

Dr. WILLIAMS. It was probably discussed but a vote was not taken on details. The bill was approved as a whole.

Mr. HAWES. Is there doubt in your mind that if the question had been discussed as to who should control medical men or laymen that the decision would have been in favor of the medical men?

Dr. WILLIAMS. That is, put under the Public Health Service or the Children's Bureau?

Mr. HAWES. Yes.

Dr. WILLIAMS. I really believe that they would have voted unanimously in favor of putting it under the Public Health Service.

Mr. HAWES. Then, the resolution passed by your organization specifically does say that there ought to be a central power, a central medical body, under which all of this welfare work should be centered?

Dr. WILLIAMS. Yes, sir; that there should be a central Federal department in charge of all health activities.

Mr. HAWES. We have heard discussions as to the different elements entering into this question of social, economic, and medicinal. It has been generally conceded that 95 per cent of the health conditions of the mother and child must rest on medical care. That being so, if this department is to remain under the Children's Bureau, do you not think it is wise that the law should distinctly define the power of the bureau and eliminate from such power all medical assistance, confining it to social and economic matters.

Dr. WILLIAMS. I do not think that you should eliminate all medical assistance. I do not know whether I catch your question.

Mr. HAWES. This work is not medical, but sociological?

Dr. WILLIAMS. It should be professional.

Mr. HAWES. If it is to continue under the Children's Bureau, should not the work of the Children's Bureau be clearly defined in the law as to how far they should go, should it be limited to the sociological and economic elements?

Dr. WILLIAMS. You should see that the Children's Bureau has the proper medical supervision; it should have trained professional people who know what is best for the infants and mothers. I do not think that you can carry on work for infants and maternity welfare solely by social workers or nonprofessional people.

Mr. HAWES. If they step outside of that——

Dr. WILLIAMS (interposing). I would mention that in the city of Richmond since they started welfare work the number of deaths of infants from diarrhea has been reduced one-half.

Mr. HAWES. Under the work of doctors?

Dr. WILLIAMS. Doctors and trained nurses.

Mr. HAWES. Trained nurses acting under the direction of doctors?

Dr. WILLIAMS. Yes, sir. I think this work would have to be done by trained people. A social worker is not trained to know what is best for the infant.

Mr. HAWES. There is a certain field for the work of the social worker with mother and child in an educational way that can be carried on by laymen?

Dr. WILLIAMS. Very little without professional care. One of the greatest causes of infant mortality is the result of midwives. Those midwives must be supervised if we are to reduce both morbidity and the death rate. I should imagine that under this act one of the chief features of the work would be the proper supervising and training of the midwives. Those ignorant women are the cause of many deaths among mothers and infants. That training requires professional knowledge. Prenatal care to the mother must be given by someone who knows, either doctors or nurses.

Mr. HAWES. In your opinion the directing head should be an expert?

Dr. WILLIAMS. Yes, sir; an expert in pregnancy.

Mr. RAYBURN. Doctor Williams, do you think or not that the question of maternity and infant care is a social or a medical question?

Dr. WILLIAMS. The prevention of morbidity and mortality among mothers and infants is very largely and chiefly professional. Of course, it is economic and social, so to speak, but the main purpose is to save life.

Mr. RAYBURN. Do you think that it would be more necessary for an expectant mother and when she does become a mother and for the child for her to have a doctor than it would be to have instruction from nonmedical sources, even during all the time of pregnancy?

Dr. WILLIAMS. She certainly should have instruction from professional sources, preferably a doctor, and if not a doctor then a welfare nurse trained in that line of work; certainly not from a lay source. That is the trouble now, so much information from lay sources—this is responsible for the high mortality.

Mr. RAYBURN. There are 105,000,000 people that would like to see all the infants and mothers saved. Those of us who may be bold enough to offer an amendment to this bill or to ask a question that would show that we are not entirely in line with all the principles of the bill—it is not because we are not in favor of taking care of the mothers and infants—bold enough to say that this is a medical question which should be under the Public Health Service, may be referred to as being against maternity and child welfare.

Dr. WILLIAMS. I think that is the reason so many people have indorsed this bill, because everybody is in favor of its purpose.

Mr. RAYBURN. Exactly.

Dr. WILLIAMS. They do not want to be in the position of opposing the bill, although they may object to many features.

Mr. RAYBURN. In other words, if you should submit the proposition to any convention of civilized men in the world as to whether or not they wanted to save the lives of mothers and infants they would vote, of course, to save them?

Dr. WILLIAMS. Yes, sir.

Mr. RAYBURN. Every organization?

Dr. WILLIAMS. Yes, sir.

Mr. RAYBURN. You can not say that they must be saved through the Children's Bureau or saved through the Public Health Service, but nearly everybody would say that sometime, before, after, and during the birth, there ought to be a doctor around?

Dr. WILLIAMS. Yes, sir.

Mr. RAYBURN. Somebody with skill?

Dr. WILLIAMS. Yes, sir.

Mr. RAYBURN. And it is the judgment of some of us, I know, that it would be better taken care of by people who were specially trained as doctors are?

Dr. WILLIAMS. Yes, sir.

Mr. RAYBURN. You will agree with me further that there are very few communities in the United States in which, within a radius of 5 to 10 miles, there can not be found a doctor competent to handle such a case?

Dr. WILLIAMS. Yes, sir.

Mr. MAPES. Dr. Williams, to what extent is your State now doing the work contemplated to be done by this bill?

Dr. WILLIAMS. In several counties we are doing the work and in several of the cities.

Mr. MAPES. Through the public health service of the State?

Dr. WILLIAMS. It is entirely done through official health organizations.

Mr. MAPES. You are trying to educate the people to take care of maternity and infant cases?

Dr. WILLIAMS. Yes, sir.

Mr. MAPES. To what extent, if any, is the Federal Public Health Service assisting you in that work?

Dr. WILLIAMS. We have just across the river from here, in Arlington County, a health unit in which the Public Health Service is helping and to some extent in the general health work, of which infant and maternity work is a part, a part of the regular health department work.

Mr. MAPES. To some extent, but to just what extent?

Dr. WILLIAMS. I can not speak as to that. One nurse devotes her whole time to the work and there is an infant clinic. Dr. Cox, who is here, is the health officer.

Mr. MAPES. Is that a United States nurse?

Dr. WILLIAMS. Some of the fund for this nurse comes from the Federal service.

Mr. MAPES. Are you familiar with the act creating the Federal Public Health Service?

Dr. WILLIAMS. I have read it, but I can not say that I could pass an examination on it.

Mr. MAPES. Can you state where the Public Health Service gets authority to do this work?

Dr. WILLIAMS. Under its authority to make demonstrations and investigations in rural health matters.

Mr. MAPES. Particularly sanitation and sewage?

Dr. WILLIAMS. And general health work also, and I cordially invite the members of this committee to go across the river to Arlington to see this work. We have the health department in active operation with its health center, and so on, and I am sure you would be very much interested to see this work in actual operation.

Mr. MAPES. If there is any Federal statute which authorizes the Public Health Service to do that work, I would be glad to have it pointed out to me.

Dr. WILLIAMS. It is under demonstrations. You will see that there is a certain appropriation which is given to the various States for demonstration work.

Mr. MAPES. All I can find along that line is this: "The Public Health Service may study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage, and the pollution, either directly or indirectly, of the navigable streams and lakes of the United States, and may from time to time issue information in the form of publications for the use of the public.

The CHAIRMAN. What is that act?

Mr. MAPES. That is the act creating the Public Health Service.

The CHAIRMAN. Look under the act of 1912 and see what you find there.

Mr. MAPES. This is the act of August 14, 1912.

Dr. WILLIAMS. There is a special appropriation made in the sundry civil bill for demonstration work.

Mr. MAPES. Has any subsequent law broadened the powers and functions of the Public Health Service?

Dr. WILLIAMS. I really could not tell you, but I imagine that if the sundry civil bill carried an appropriation for a specific purpose it could be carried out.

Mr. MAPES. Unless there is some legislation on the appropriation bill, it must be limited to the purposes defined in the act creating the service.

Dr. WILLIAMS. I think, perhaps, we should have one of the public health men tell you about that.

Mr. BARKLEY. Doctor, there has been a good deal said here on both sides of this question about the medical and the sociological and the economic phases of this work. I am frank to say I have not any very clear idea as to what the medical profession regards as strictly medical and what it regards as physiology in the treatment of the human being. Could you just briefly draw the line between things that the medical profession regard as strictly medical and those that are not medical but pertain to the health and welfare of the people.

Dr. WILLIAMS. I suppose you refer particularly to this maternity feature. Labor is considered a physiological process, but about 5 per cent of labors are pathological; that is, they are not normal, they are abnormal.

Mr. BARKLEY. I do not mean to limit it to the actual labor, but I mean all that goes before, leading up to birth and then afterwards; the part that is looked upon as medical and that which is looked upon as either a combination of social or physiological conditions that may bring about a happy termination of the event, without the administering of any medicine or any medical attention.

Dr. WILLIAMS. Although labor is a normal process, yet it is a dangerous process because accidents are so liable to occur. Every woman when she becomes with child should have the attention of a doctor, and she should have examination to determine whether her kidneys and whether her heart are in proper condition, or whether she has any lung trouble, because if she has any of those conditions serious consequences may follow. So that when a doctor is called upon to see such a case he makes such examination. In most of the cases things are normal, but if the expectant mother has a bad case of tuberculosis it may be advisable that they terminate the labor. Sometimes they find that the kidneys are diseased, in which instance it takes the skill of a doctor to determine whether to continue or not.

Mr. BARKLEY. Those are all medical questions.

Dr. WILLIAMS. Yes; those are medical questions, and therefore if a social worker who was not fully acquainted with those things should see such a person, they could not determine about such matters and they might go along until serious consequences would follow.

Mr. BARKLEY. I do not understand that under this bill either the Public Health Service or the Children's Bureau would administer actual physical treatment in cases of that sort, but this work, as I understand it, is to be educational, and not to treat kidney trouble or heart trouble, or any other specific ailment, but to try to bring about a betterment of general conditions in the communities where these mothers and expectant mothers live, because when the time comes for the actual and necessary medical treatment somebody is going to get a doctor, and that will happen no matter who has charge of this particular work.

Dr. WILLIAMS. Of course, the person must see that every mother is given advice to see a doctor, and to see that they are not the victims of some ignorant midwife.

Mr. BARKLEY. I realize that to pursue this question would take up all the morning, so that I shall not take up any more of your time.

Mr. HOCH. Doctor, could you tell us a little more definitely just what sort of work is done in the counties of Virginia, of which you speak, in the matter of maternity care?

Dr. WILLIAMS. The mothers are visited by the trained nurse.

Mr. HOCH. Just a moment. Let me ask you there. You say the mothers are visited; you mean upon request or does the nurse go out and locate the prospective mother?

Dr. WILLIAMS. Of course, those that are well to do do not need the visit of a nurse, because they will have a doctor, but there are always a lot of people who are glad to have a visit from the nurse to advise them, and it soon becomes noised around in the community that there is a Public Health nurse, and the mothers are glad to avail themselves of her services. They do not have any trouble in finding plenty of work to do in advising the mothers as to the care of themselves and in getting ready for the infant.

Mr. HOCH. This public health nurse simply establishes her headquarters at some place in the county, and then she depends upon invitations from prospective mothers who want her services?

Dr. WILLIAMS. Yes, sir; and many doctors will notify them to visit so and so.

Mr. HOCH. Did I understand you to say that these public-health nurses or county health nurses are paid for partly by the Federal Government?

Dr. WILLIAMS. Under this demonstration work over in Arlington.

Mr. HOCH. Just in that one county?

Dr. WILLIAMS. That is the only county in Virginia at the present time where there is maternity and infant welfare work conducted in cooperation with the United States Public Health Service. We have some other counties in which soil-pollution work is being carried on jointly with the Public Health Service.

The CHAIRMAN. Mrs. Lockwood, will you kindly make such statement as you desire?

STATEMENT OF MRS. HENRY LOCKWOOD, CLARENDON, VA.

The CHAIRMAN. Give your name, address, and any representation which you wish to make.

Mrs. LOCKWOOD. Mrs. Henry Lockwood, Clarendon, Va.; president of the Virginia Federation of Women's Clubs; president of the Arlington County Women's Club; member of the committee of twenty-six on rural life, appointed by the governor of Virginia, and of which Hon. R. Walton Moore is chairman; and then I have some other work that I do which I do not think need come under this head.

I want to say that any member of this committee who is bold enough to indorse this work and yet amend this bill to put it under trained doctors and nurses will not weaken his position with the women of the organizations of which I have been a member for the last 10 years, but will strengthen his position. This bill, in my opinion, and from my experience, has been indorsed because of the wonderful work it will do in the future for mothers and children. I know that very few women understand organization, and fewer women understand politics, especially at this early stage of their being citizens.

I am going to tell you of an experiment I made, because I decided to take this stand as State president. I have this Arlington County Women's Club, which is composed of about 70 women in the county. In that club is incorporated the Alexandria County —which was the old name of the county—the Alexandria County and Fairfax County Equal Suffrage League, every member. All the antisuffragists that I knew were invited to join that club, and a great many joined because its standard was nonpolitical. It also has every member of what we call the Mothers' Club. The Mothers' Club took the stand that the leading church, the Episcopal Church, needed a parish hall, and in that parish hall should be a social center. The governors of the church decided they did not need a parish hall and that if the Episcopal Church had a parish hall it should do merely church work. This band of 12 women, and most of them were uneducated women, although the leader was not, but very good workers, bought ground beside the church and built the parish hall and a month ago they turned it over to the church absolutely free of debt, but with a provision that it should be a social center. Last week the club met with me at its monthly meeting. The home of the president is the home of the club. I took this bill and had the secretary read it. It was read very carefully, and every section was discussed as it was read. Afterwards they said, "Mrs. Lockwood, this is very fine work, but, oh, what an awful organization. Where is our State board of health?" And questions came furiously along that line. So, on that test, I felt very much reinforced on the stand I am taking.

In Arlington County we have a child-hygiene department.

Mr. JOHNSON. Mrs. Lockwood, had you rather we waited until you conclude your remarks before we ask you any questions?

Mrs. LOCKWOOD. I would rather you would, because I had really intended to read everything I wanted to say, because I thought I would consume less time.

Mr. JOHNSON. There is just one question I wanted to ask you, and that is, what relation did the church sustain toward your organization?

Mrs. LOCKWOOD. The full membership is in this women's club. I really cited that because I want you to see that the women's club in Arlington County is composed of very progressive women. They are experienced women.

Mr. JOHNSON. What part does the church play in it?

Mrs. LOCKWOOD. The organization played such a wonderful part in the church that they built a parish hall, and they made it a social center.

Mr. JOHNSON. The same women?

Mrs. LOCKWOOD. Yes; the same women.

Mr. JOHNSON. So you are not speaking for any church?

Mrs. LOCKWOOD. Absolutely not. I am speaking from the point of view of the women's club.

Mr. JOHNSON. That is what I wanted to know.

Mrs. LOCKWOOD. I am going to leave the child-hygiene work after I read to you my objection to the organization in this bill. It has been interesting to sit in this audience chamber and hear the different viewpoints that could be written into the organization built into this bill to carry out a Federal plan for prenatal care of the child.

I present for your consideration a suggestion that an organization that so easily permits the fears and imaginations of its opponents to influence its plan of action would seem to be an unsafe method by which to establish this work. Would it not be in more accord with the spirit and purpose of the Constitution of the United States to have this work tried out in the States by the State and county boards of health, with the cooperation of the United States Public Health Service? At this time it is natural to use what we already have instituted, with the care, education, and support of the population of several decades past deferred because there is not enough money to do this for our soldiers. Is it reasonable to turn from this obligation to build a new, expensive organization to wait the birth of a population not yet existing? This is not to say that we should be careless in giving aid and information to the expectant mother and her child. The United States Public Health Service, its institution, for which we have paid, its sanitary work, whose benefits we are now receiving, its trained personnel eager for the responsibilities of its high calling—I would rather say possibilities—is the ideal and logical Federal department from which this work should be directed.

I now want to speak of the work in Arlington County as president of the club. At the request of the leading physicians of the county, in conjunction with the State board of health and the county board of supervisors, Dr. Cox, of the United States Public Health Service, was detailed to Arlington County to direct a rural sanitation system, to save the community from an epidemic of typhoid and flu. This was about a year and a half ago. In that time, through Dr. Cox's effort and the cooperation of the United States Public Health Service, Arlington County has a health program which includes rural sanitation system, school clinic, visiting public health nurse, dental clinic, and a child hygiene clinic. Funds for this work were subscribed, I believe, from three sources and about $43,000 expended. The funds for the child hygiene were as follows: $3,000 by request of the women's club was put in the year's health project by the board of supervisors; $2,000 by the United States Public Health Service for its demonstration work. A building has been leased, put in good order, and the clinics will be held twice a week, starting about the 1st of August. Mrs. Readisill, the visiting nurse, will examine the babies and advise the mothers. The United States Public Health Service will lend us a doctor, well trained in this work, until we are well organized and can handle the work.

The women's club is just a mother to the child hygiene department, and stands ready to undertake work that may be of a social-service nature. The building contains a health exhibit, a diet kitchin, a baby department, a consulting room, and a maternity room, where mothers can apply for attention and information during the last three months of pregnancy.

The health department has brought to the county not only a model health program but has given us better local government, as the county health officer is invited by the citizen's association to help in many matters of civic betterment.

The CHAIRMAN. Is that all, Mrs. Lockwood?

Mrs. LOCKWOOD. At present that is all I have to give in this concrete form.

The CHAIRMAN. Would your organization or the officials of the State, so far as you know, feel that they would need United States appropriations in order to see that this work is developed and carried on.

Mrs. LOCKWOOD. I think—I know the State board of health and the board of supervisors—there were three sources, and I can not think of the third source just now, but I think it came from some large national social service organization—but I think the State is in a position to finance this work and do this work for itself. I know that

this year's health budget was assumed entirely by the county government, and we have a total this year of $24,000 for health work, and that money has been State money and county money.

The CHAIRMAN. Is the State appropriation for this purpose increasing from year to year?

Mrs. LOCKWOOD. This plan, so far as I know, is by the year.

The CHAIRMAN. But is the State legislature appropriating more and more money for this purpose as time goes along?

Mrs. LOCKWOOD I will ask Dr. Cox about that.

Col. KIELEY. Mr. Chairman, I think, perhaps, I can answer that question better than Dr. Cox. We started cooperative health work as a result of the extra session of the legislature called to consider good roads. We got a little larger appropriation last year from the legislature at its regular session, and we expect a still larger one, a very much larger appropriation, next year, but there is no continuing program. In other words, there was no bill passed making an appropriation this year to continue for the succeeding year, but we are satisfied we will get next year at least twice what we have now.

The CHAIRMAN. Mrs. Lockwood, elaborating a little on Col. Kieley's idea, would you feel that probably the increased appropriation which the colonel thinks will come about will be due to the growing interest of the people of Virginia in this health work?

Mrs. LOCKWOOD. I think it is because of the enfranchising of the women. I do think that it is the woman's viewpoint that good health and care of babies and some attention and some dignifying of the condition of the mother that has brought all this work, in all its relationships, to the attention of the legislature, and I have come in very intimate contact with the progressive women of Virginia. At the State convention in Newport News in May there were 83 local presidents on the platform, and I wish you could have heard the health program that the Federation of Clubs has carried out in the State of Virginia. I know one club that absolutely built a hospital and another club subscribed $10,000, which they got out of their membership, to health work, and although Virginia is called the most conservative State in the Union, and I always hear that, and no matter what convention I attend, I always get that title, the health work that the women in Virginia are doing is really marvelous, and I really do not believe that we want or that we should put our hands into the United States Treasury, at its present low ebb, for work that the State is interested in, and that the State is perfectly capable of financing.

Mr. RAYBURN. The doctor who preceded you remarked about some Federal health work over here in Alexandria County, or whatever they call it.

Mrs. LOCKWOOD. It is Arlington County now.

Mr. RAYBURN. Does that come out of the demonstration fund or is it a fund that is generally distributed among the counties that apply with some requirements?

Mrs. LOCKWOOD. The $2,000 from the demonstration fund and the $3,000 for that work, as I said, was given to the health department, not to the women's club, at the request of the women's club, for this work, and this $43,000 that was given for general health work was the means of our getting this $23,000 from the county government, because they saw such splendid results in the county from this general health plan, and the county was perfectly willing to do that. I was present to ask for this money when all the citizens' associations met at a night meeting with the board of supervisors, when they went over just the question of just how much the people could be taxed and how much the people were willing to be taxed for the county work, and they were perfectly willing to be taxed for good work, and, as a result of that, we had $23,000 from the county government this year for our permanent work.

Mr. RAYBURN. How many counties in Virginia?

Mrs. LOCKWOOD. There are 100 counties.

Mr. RAYBURN (continuing). Are organized to do any of this work?

Mrs. LOCKWOOD. You will have to get that information from the State board of health.

Col. KIELEY. We have 5 counties organized for full health work under cooperative measures, and 73, I believe, Dr. Williams, run their health work entirely by themselves.

Dr. WILLIAMS. There are 48 counties that have public health nurses; there are 5 counties that have nurses and sanitary officers and full-time medical health officers, and 12 counties that have sanitary officers.

Mr. RAYBURN. Do you mean that you have 48 counties all told that are doing some part of this work?

Dr. WILLIAMS. Forty-eight counties with public health nurses doing some infant and maternity work, and practically all the cities have nurses.

Mrs. LOCKWOOD. I would like to tell you, as a member of the rural life committee, that the first plan of this committee will be to get the universities and colleges to put in a department that will train public health nurses. I believe one of them, the one

at Richmond, has that now, and we are putting that in at the State's expense, and it has the indorsement of the educational bureau.

Mr. RAYBURN. You are very much interested in this work, of course.

Mrs. LOCKWOOD. I am very much interested in this work. I would like to see this work go along, and I would not oppose it in whatever form you would give it to me.

Mr. RAYBURN. But you think, however, that if this cooperation between the Federal and State Governments is going to go forward, with such organizations as you have, you would rather have it come through the Public Health Department rather than the Department of Labor?

Mrs. LOCKWOOD. I most certainly would want to see this work done in that way, and, of course, it is a very new work, It is almost startlingly new, and I am certain it ought to be in the hands of highly trained physicians who have really devoted their lives to this work. I think it would be very dangerous in the hands of laymen.

Mr. RAYBURN. I presume you were here yesterday when some representative of the Public Health Department testified that they were doing as much of this work now as the Congress would give them the money to do?

Mrs. LOCKWOOD. I am sorry to say that I was not here yesterday.

Mr. RAYBURN. One of the representatives of the Federal Health Service, I believe stated that.

Mr. HOCH. Mrs Lockwood, your answers to one of the questions of the chairman puts me in a little bit of doubt as to your attitude toward this bill. I understood you to say that you thought the State of Virginia and the counties of Virginia were both able and prepared to do this work satisfactorily.

Mrs. LOCKWOOD. The State and county boards of health in cooperation with the United States Public Health Service. I think that was my statement.

The CHAIRMAN. My question referred to financial support.

Mr. HOCH. That is what I am talking about.

The CHAIRMAN. Perhaps Mrs. Lockwood does not understand that now.

Mr. HOCH. I am speaking of financial support and whether you consider that financial help from the United States Government is necessary in order that this work may be carried on in Virginia.

Mrs. LOCKWOOD. I think that eventually the States would assume the expense of this work, but I do think that if there is a Federal agency, that that Federal agency should have money from the United States Treasury for its organization and for its demonstration work and to pay the salaries of the experts that they might send to the States. I think the part they play should be financed by the Federal Government, but my contention is we already have this wonderful department of trained men who have already been financed and paid for, and this expense will not come to us now when we have not enough money to really educate and feed the present population right.

Mr. HOCH. As I understand, this bill goes much further in its jurisdiction than you have just suggested, it also provides for an allotment of a certain sum to the States to be used by the States?

Mrs. LOCKWOOD. It is at present $10,000 each. Of course, my assumption was on the fact that in the Arlington rural district, with people of very ordinary means, we have been able to get $23,000 in one county; $10,000 does not seem like an amount to be taken into consideration. I would not take money into consideration at any rate in this question. I am woman enough for that. I would take the Public Health Service without 1 cent in money in preference to taking social workers to do this work if they had a large sum.

Mr. HOCH. Perhaps, you do not understand the purpose of my question. As a governmental proposition, we are concerned here in the consideration of this particular bill as to whether it is a necessary function of the Federal Government to appropriate money directly to the States to be used in the States in order that this work may be done by the States. I presume that Virginia would get $30,000 or $40,000 in a direct appropriation under the terms of this bill for its work from the Federal Government, and I should like to ask you whether you think that that is a necessary appropriation from the Federal Government in order that Virginia may do the work?

Mrs. LOCKWOOD. If it is necessary for Virginia to have this money, I think the Federal Government should give Virginia the money. That will always be left in the hands of people who understand finances better than I do. I should like to see this work done, but I should like to see it done with as little expenditure of money out of the Federal Treasury as possible. In addition to that, I should like to see the work left in the hands of medical men.

The CHAIRMAN. I understood you to say that you would rather have the Public Health Service in control of this matter with just enough money to demonstrate than to have the Children's Bureau with untold riches at their command?

Mrs. LOCKWOOD. Yes, sir.

The CHAIRMAN. The next step is, would you rather forego the $30,000 or $40,000 that might come under this bill if you had to be told that you would be obliged to do just what was ordered by the Children's Bureau?

Mrs. LOCKWOOD. Would that necessarily have to happen?

The CHAIRMAN. Under this bill; yes.

Mrs. LOCKWOOD. If this were put under the United States Public Health Service——

The CHAIRMAN (interposing). No; under this bill, should it become a law, the State of Virginia to get any money must get it solely by the approval of the Children's Bureau, in accordance with its view of what Virginia wants to do.

Mrs. LOCKWOOD. I object very much to that clause in the bill, Mr. Chairman.

The CHAIRMAN. That is the plain English.

Mrs. LOCKWOOD. I strongly object to that. It looks so near political. I do not think that politics should touch this wonderful question.

The CHAIRMAN. The bill says it shall be that way, and no amount of talk or conversation can make that language mean anything else.

Mrs. LOCKWOOD. Then, I would ask a change to the United States Public Health Service or a trained corps of men.

Mr. HOCH. I should like to ask my question in another way. Will the State of Virginia, in your judgment, continue this excellent work without any money payment from the Federal Government?

Mrs. LOCKWOOD. I am sure that they would if they had enough money in their treasury. Just as the United States now taxes the people, if the work was good, the people would stand taxation. If the State were in a position to do this work, to carry it on without money from the Federal Government, I think they would do it, but if not and they felt that they needed the work, I think they would be very glad of funds from the United States Treasury to help in the work. Of course, I am not a constitutional lawyer and I do not know just how far the Federal Government is responsible for the financing of the contemplated work in the States. Is it not a fact that generally money appropriated for all of this kind of work in the different States is given to them for printing and for pamphlets and for distribution?

The CHAIRMAN. That is rather an involved question that would lead to a good deal of talk. I should like to ask you one other question. If Virginia, through its own pride and interest in its citizens, is willing to appropriate money for carrying on this health work, including the infant and maternity work, will Virginia want to be taxed for sending money to some other State that is not willing to carry on the work?

Mrs. LOCKWOOD. No.

The CHAIRMAN. You realize that it would have to do that?

Mrs. LOCKWOOD. Yes, sir; but you are more familiar with the contents of this bill than most of the women who have indorsed it, because of its merits. I was the director in the headquarters of the General Federation of Women's Clubs in Washington. We had there and have still a bureau of information for the club women all over the United States. When a bill came up I would always come to Congress and talk to the Congressman who had introduced it and try to send back information on the bill. One day Ann Martin, who ran for the Senate from the State of Nevada, told me that there was a bill in the making, called the Sheppard-Towner bill, and that the general federation ought to have information on it. I went to the Capitol and got a copy of the bill and took it back to my office and looked into it. Then I called up Senator Sheppard's secretary and asked for an interview in order that I could send out information as to the bill. Then, I went to Senator Sheppard's office but I did not get an interview. I was told to come back. I went back two or three different times, but I still did not see him. Then I went again and still did not see him. I did not know whether the Senator thought that he did not know much about maternity or what was the trouble. I gave it up. When I had indorsed this bill and said that it was a good bill I had no realization of the organization that was written into the bill. It seems an entirely different bill from what I looked into.

I want to say here that I have the very highest opinion of Miss Lathrop and her work. I know what I am talking about because I was the director at national headquarters and I was in touch with all the departments of work of the Federal Government, and it was a revelation to me what the Federal Government did in the way of education for its people. It was a very beautiful revelation to me. Miss Lathrop was always very courteous and generous and would give advice and tell me what pamphlets to conserve, as they had gone out of issue and there was no more money for printing them. I think if I had the drafting of this bill—I am getting rather daring—I would put Miss Lathrop on the advisory committee and I would make the advisory committee compulsory. I wish that we could have two more women like Miss Lathrop and Dr. Baker in every State.

Mr. JOHNSON. The advisory committee?

Mrs. LOCKWOOD. Yes; the advisory committee. I believe the Children's Bureau is given power to appoint an advisory committee with the Surgeon General and the Commissioner of Education.

The CHAIRMAN. Given authority, but it is not compulsory?

Mrs. LOCKWOOD. No, sir.

I have been amazed for the last five years to see the Suffragists. Of course, I have worked for seven years and I was the treasurer for the National Women's Organization for a year and a half, to hear suffragists claim the population of the women, and also the antisuffragists. I think if there is one thing that should be borne in mind it is that I do not believe the men understand the women just as well as they ought to. Many of us worked for suffrage and many are antisuffrage, and we asked for recognition and for a voice in the Government because we had work to do and we felt that we could do that work better, and when we got what we asked for I went home and went to work. I am very sorry to see a group of suffragists to-day with an absolute legislative program, because it is my opinion that women have just as much work to do as men have and it is harder on our nerves. I am sorry that the women have got to keep their eyes on legislation all the time, things that probably the majority of the women of the country do not want. I am a suffragette, but I believe that the antisuffragists' interests must be taken into consideration, because the antisuffragist is a woman citizen. That is why when I got through with securing suffrage and went home I resigned from the women's organizations that I belonged to. I am sorry to see this purely legislative program, because it is going to overwork the women.

The CHAIRMAN. We will now hear the representatives of the Public Health Service.

Mr. HAWES. Before calling on the representatives of the Public Health Service, may I be permitted to place in the record a statement of the work that is done in Missouri, and then the examination can proceed more clearly. This is from the Annual Report of the Surgeon General of the Public Health Service, under date of 1920. On pages 46 to 48 I find the following:

"On request of the acting governor of Missouri and the State board of health an officer was assigned to this State in October, 1919, to assist in the organization of a division of child hygiene in the State board of health and to cooperate with the State board of health in State-wide field investigations in child hygiene.

"The scope of the work included (1) organizing a division of child hygiene in the State board of health; (2) making field investigations, consisting of a house-to-house canvass in selected districts, for obtaining data as to sanitary conditions of the homes, the family income, milk supply, the physical and mental status of expectant mothers, and the health conditions of infants and children; (3) studying the school hygiene problems, making height and weight measurements, attempting to secure the cooperation of parents in the correction of physical defects and in improving the nutrition of their children, securing physical examinations of children by local physicians in order to enlist their cooperation and insure permanency of the work; (4) establishing at local expense health centers for prenatal, infant, and preschool care; (5) establishing the work on a permanent basis by educating communities in the importance of the problem, and influencing them to employ one or more public health nurses, school nurses, and organizing community health councils; (6) bringing about better birth registration; (7) educating the public by lectures, exhibits, distribution of literature, and newspaper feature articles; (8) securing to the State board of health the active cooperation of the State volunteer organizations engaged in child health work.

"The personnel engaged in this work was under direction of a commissioned medical officer and consisted of physicians, public health nurses, school workers, and field investigators.

"*Results.*—In 20 towns baby health centers are being or have been established and equipped, and funds appropriated for the employment of one or more permanent community nurses. School medical inspections have been made in 11 towns, and a total of 17,561 children were examined, among whom there were observed 34,823 physical defects, such as defects of vision, hearing, and dentition, nasal defects, enlarged tonsils, adenoids, and skin diseases.

"Of 16,867 children examined in nine communities, 3.7 per cent had defective vision in one eye, 1.2 per cent defective vision in both eyes, 2.3 per cent defective hearing in one ear, 2 per cent defective hearing in both ears, 53.4 per cent had carious teeth, 11.4 per cent adenoids, 38.2 per cent enlarged tonsils, 0.4 per cent active tuberculosis, 1.3 per cent trachoma, and 0.8 per cent defective speech.

"In 18 towns clinics were held for the study of malnutrition. Of 4,076 underweight children who were examined at these clinics, 26.6 per cent were mouth breathers, 38.4 per cent had defective tonsils, 12.6 per cent adenoids, 54.7 per cent defective teeth, 43.1 per cent appeared anemic, and 61.7 per cent assumed fatigue posture. Furthermore, of these children 17.4 per cent were excessive coffee users, 31.2 per cent consumed an inadequate amount of milk, and 15.8 per cent were excessive meat eaters-

"In 1,100 underweight children in 18 schools of 8 towns in the State who attended the nutrition clinics for two or more months, 781, or 71 per cent, gained 2 or more pounds per month; in 92, or 9.4 per cent, the weight remained stationary; and 227, or 20.6 per cent, lost weight.

"The following agencies have cooperated in this work: Missouri Tuberculosis Association, American Red Cross, Agricultural Extension Service of the University of Missouri, Parent Teachers' Association, Women's Christian Temperance Union, the medical and dental professions, and in a number of districts the superintendents of education and allied school authorities.

"The investigations, as conducted in Missouri during the past year, have shown that definite and permanent results can be accomplished by the employment of proper methods."

This work was done under the instruction of the Public Health Service through the direct instrumentality of the State health board, under laws passed by the Legislature of Missouri.

The CHAIRMAN. At the expense of the State of Missouri?

Mr. HAWES. Yes, sir. In addition, I have a letter from a gentleman who speaks very highly of this bill that is before us, but makes some suggestions for changes, a man who is devoting his time without compensation to this work. He is the president of one of the large health societies, Dr. M. D. Lightfoot. I offer his letter for the record.

The CHAIRMAN. Without objection, it will be inserted in the record.

(The letter submitted by Mr. Hawes, addressed to the chairman, follows:)

Hon. SAMUEL E. WINSLOW,
Chairman Committee on Interstate and Foreign Commerce.

GENTLEMEN: I consider parts of bill H. R. 2366 very good. I am very much in sympathy with the work as contemplated. Under no condition would I be willing to see the maternity and infancy work as contemplated in this bill fail. However, the experience we have had in our organization leads me to the inevitable conclusion that the administration of this work should be under the supervision of the United States Public Health Service and not under the Department of Labor—first, because of the certainty of a greatly reduced administrative and field expense in both Washington and the country at large; second, because the United States Public Health Service, having a large corps of competent expert health officers, nurses, and health workers throughout a large part of the United States, could carry on this work much more effectively and with less delay; third, because I am unalterably opposed to any plan other than that of centralizing all the Federal health activities under the supervision of the United States Public Health Service. If you think a Department of Labor can take care of the health activities of the Federal Government better than the United States Public Health Service, then, by all means, do away with the Public Health Service and let the Labor Bureau handle all the health problems. Otherwise, place all of the Federal health activities under the supervision of the United States Public Health Service, where they really belong.

I am not impressed with the argument that the problems this bill is designed to correct are largely social. Our maternity and infant work in Greene County leads me to believe that it is highly important and necessary for this work to be conducted by trained nurses under the supervision of and in close cooperation with skilled medical advice. Many problems arise that would be impossible for a social worker to adequately meet, while, on the other hand, we find that trained nurses can meet the requirements of public speaking, distribution of literature, and general social work, practically as well as can the social worker.

The Greene County Health Association was organized January 1, 1920. Our hope and aim was prevention rather than cure, discovery, and removal of fundamental disease causes, care for the individual when necessary, public health education, to be financed at public expense, the Nation, State, and county cooperating. We asked the United States Public Health Service to place us under the supervision of the Tri-State Sanitary District and furnish us with an acting assistant surgeon. This was done, and the help from the United States Public Health Service has been of very great benefit to us in the local work.

The Greene County Health Association plan shows the feasibility and economy of general health supervision. Our primary trouble was excessive administrative and field expense because of the widely scattered health activities. We have succeeded in coordinating all of these various activities and bringing them under the active head of the United States Public Health Service acting assistant surgeon, with the result that 93 cents of every dollar expended goes into actual health work, while 7 cents goes into administrative and overhead. Our organization is covering the entire county in rural sanitation, health work among school children, preschool children, babies, prenatal work, tuberculosis work, venereal disease work, and general health education and publicity. If these different activities were under specialized

departments instead of under a general closely coordinated health plan, we would be spending nearer 93 cents of every dollar on overhead and administrative and only 7 cents of every dollar on actual health work.

I believe that a broad general health program under Federal supervision is the only solution. This program should cover a number of years to insure its permanent success. In the interest of economy and efficiency this program should be under one general supervision and carried out along definite practical health lines, cooperating with State, county, city, and private health organizations and yet elastic enough to fit the particular needs of each community. This general health work would obviously include all necessary specialized health work. On the other hand, a series of specialized health activities would necessarily exclude from its program all general health work.

The people are rapidly learning to have the fullest confidence in the health activities of the United States Public Health Service and I believe the recent appropriation by the legislature in Missouri for health work was influenced largely by the work done in Greene, Jasper, and Lawrence Counties by the United States Public Health Service. The effect in Greene County, Mo., has been marvelous. Under the old order the county, city, and private health organizations all functioned without any coordination and very little efficiency.

In the last year and a half under Federal supervision the acting assistant surgeon has succeeded in coordinating all these health activities, with the result that the county has made him county health commissioner, the city of Springfield has made him assistant city health commissioner, and he has supervision of practically all of the private health organizations of the community and in this manner some very efficient and startling results have been obtained, as our detailed report at the end of this testimony will show.

Another very striking example of the confidence inspired by the United States Public Health Service work follows: For years the local health officers of the county have been trying to better the rural sanitation in the schools, this without any success. Under one year of our Federal health supervision we have succeeded in getting definite, permanent sanitary corrections in 39 of the 105 rural-school districts of the county.

I am conservative when I state that for every dollar the Federal Government has invested in the services of our present acting assistant surgeon United States Public Health Service, because of that investment there has been spent from city, county, and private sources, fully $20.

The effect of the work done by the United States Public Health Service in Greene County has rapidly spread into other counties and into surrounding States and our organization is constantly receiving communications asking for our plan of work, how we secured Federal cooperation and just what steps they can take to secure Federal cooperation with the view of organizing permanent and effective healtb work in their respective communities.

It has been very forcefully brought to our attention that contagious diseases know no State or county boundary lines and some of our hardest problems have been those inherited either directly or indirectly from communities and States over which we have no control. I believe that health problems of this kind are just as much the problems of the Federal Government as are those problems of Interstate commerce and just as careful provisions should be made for handling them. For this reason I believe the work outlined in H. R. 2366 should be placed under the active management of the United States Public Health Service and the powers of the bill should be broadened to permit the United States Public Health Service not only to perform the maternity and infant work required but other necessary general health work as well. This could be done without any great delay and yet be responsible for a much greater amount of good being accomplished.

The following is a report of health activities in Greene County, Mo., from January 1, 1920, to June 30, 1921:

Work with school children:	
Medical examination—	
Given medical examinations	14,433
Found defective	11,546
Percentage of children with—	
Defective teeth	73
Diseased tonsils	30.7
Suspected adenoids	16.9
Defective vision	13
Defective hearing	3
Chronic constitutional diseases	7

Statistics in the past have proven that children with neglected teeth, tonsils, and adenoids, are much more susceptible to tuberculosis than those who have these very common defects corrected.

Malnutrition in school children.—Forty-one per cent of all school children examined were 7 per cent or more underweight. Of this number 26.4 per cent were 10 per cent or more underweight. Improper food, irregular eating, physical defects, too much evening entertainments, and insufficient sleep are the principal factors causing this malnutrition. Poverty does not seem to be an important factor, as the pupils of the more prosperous sections of the city have a greater percentage of malnutrition than do those of the poorer sections. Likewise, the rural and smaller towns in the county show percentages just as high as that of Springfield. Nutrition clinics have been established where mothers and children are urged to attend. The percentage of malnutrition has been greatly reduced in the various schools where the children were weighed regularly each month. In a certain school last fall 43 per cent of the children were underweight and when this school was weighed this spring only 13 per cent of the children were underweight. In another, the percentage has been reduced from 36 per cent to 11¾ per cent, and in still another from 37 per cent to 14 per cent, and continued progress is being made.

Corrective work following examinations:	
Defects corrected in full	3,987
Schools in which follow-up work has been started	75

The modern health crusade has been established in each schoolroom in Greene County. We find this program not only educating the children but that the awakened child is educating the parents.

Public health nursing:	
Visits by nurses to explain infant care	2,457
Visits to give prenatal and obstetrical care	241
Visits to communicable diseases	324
Clinical work:	
Babies examined in clinics by physicians	2,042
School children and adults examined	717
Treated	131
Glasses provided for	22
Cases of tonsils and adenoids removed	98
Dental treatment provided for (approximately)	72
Vaccination:	
Antismallpox vaccinations	309
Complete antityphoid inoculations	159
Education:	
Talks to groups of persons	463
Pieces of literature distributed	51,411
People attending lectures	14,156
School sanitation:	
Sanitary inspections	437
Schools which have made definite sanitary improvements	39
Venereal-disease control:	
Patients examined	892
Patients treated	661
Visits for treatment	6,896
Cured cases to date	371
Wassermans and gonorrheal examinations	575
Curative treatments for both	6,896
Men and women detained and isolated until made noninfectious	79

It is impossible to estimate the value in dollars and cents that the cure of 325 cases of venereal disease means to a community. There are eight institutions for insane and feeble-minded people in Missouri and there are 1,500 people on the waiting list to get into these overcrowded institutions and 4 out of 5 patients are there as the result of venereal diseases. How much better it is to support an institution which is fighting to control the spread of these diseases than it is to pay taxes to support institutions where these people live all their lives without ever earning any money or being of any value to themselves or anyone else.

The Greene County Health Association Health Center has a waiting room and private rooms for operations and clinical work. The venereal disease clinic has its own waiting room and spaces for private treatments. The present arrangement makes the Greene County Health Association quarters the most up-to-date public-health department in the State.

Vital statistics for Greene County have in the past been very incomplete, but as a result of efforts during the past year the reporting of births and deaths has been much improved, so that now it is practically complete. Morbidity reports were even more inaccurate. In order to increase reporting of physicians, various checks have been made and the aid of every school teacher and school child has been elicited in reporting absences from school because of contagious diseases. Provisions of law requesting every school-teacher to report communicable diseases have been given to each school-teacher in the county. At many lectures in the county the parents have been urgently requested to see that their babies are registered.

One of the important features of the work is the annual baby week. This year one of the most successful baby weeks that Springfield has ever had was held at Heer's Department Store from the 16th until the 21st of May. The entire sixth and seventh floors were used and the various women's clubs, philanthropic organizations, and many doctors and nurses of Springfield cooperated in making it a great success.. The following public-health workers were in charge: Dr. Thomas Parran, Dr. C. P. Knight, director division of child hygiene; Dr. Viola Russell, child specialist and assistant to Dr. Knight; and Dr. Minerva Knott, also child specialist and assistant to Dr. Knight; Miss Nellie Heinzelman and Miss Margaret Duffey, both public-health nurses of the division of child hygiene. A large number of Springfield and Greene County mothers took advantage of this oppertunity to learn how to keep their children well, and approximately 750 babies were examined during the week.

The doctors who examined the children durin baby week noticed a decided improvement in the condition of the babies examined over that of last year. They attributed this to an increased interest shown in the welfare of children by parents and also to knowledge about the care of children which the mothers had gained by attending previous clinics.

In order that every baby in Greene County be given the benefit of the same expert advice that children received at the Springfield clinic, the Greene County Health Association planned 14 free health clinics to be given throughout the county for infants and children of preschool age who were ubable to attend baby week in Springfield. These county traveling baby clinics under the supervision of the United States Public Health Service and the Greene County Health Association were very successful. A great dea. of interest was aroused and the work of the United States Public Health Service's specialists, assisted by resident physicians, was very much appreciated by the mothers who brought their babies for examination and consultation. A total of 293 babies, 450 women and 34 men were present at the clinics in the county and this, with the 760 babies and 1,200 mothers in attendance during the Springfield baby clinic, makes this work the most complete and successful that has ever been accomplished in Greene County. The nurses of the Greene County Health Association are working to the end that every defective child discovered in the city as well as in the county, will be made normal, as nearly as possible, and, with the amount of interest that has been raised by reason of the close cooperation of so, any of the United States Public Health Service specialists and nurses, a distinct advance has been made in the proper care and treatment of babies in Springfield and Greene County.

Greene County has the distinction of being the first and to date the only county in Missouri to employ a whole-time health officer. It is believed that the results already obtained furnish a demonstration of National and State, as well as local, value as to the feasibility and the dollars-and-cents economy of this plan of county health work. This distinction has been achieved and the results obtained—first, by the whole-hearted cooperation of the United States Public Health Service in furnishing financial assistance and technical advice; second, by the state health commissioner in giving full cooperation of his office and the assistance of state health inspectors, nurses and physicians; third, by the county court of Greene County who has been so generous in assisting both in financial and legal support; fourth, last but not least, by the genous and kind hearted people of Greene County who have opened their pockets and said, "*We'll* help finance the movement that will bring to Greene County healthy and robust boys and girls."

Please notice that all of our different activities, including the maternity and baby work, is under the supervision of one head furnished by the United States Public Health Service.

In conclusion, I wish to state that I have never received, nor do I expect to receive, one cent in salary from the Greene County Health Association or from the United States Public Health Service; that I do not belong to the medical profession in any way, but am simply a business man who has in some small manner made a study of the public-health question. I have been appalled at the loss both in man power and in a financial way caused by preventable diseases.

My investigation has led me to the belief that a great percentage of the children of the rural nation from birth to majority receive no medical attention whatever with the view of prevention. It is my further belief that this problem will never be corrected until it is handled by the Federal Government in a broad, comprehensive, and efficient manner.

Very truly, yours,

M. D. LIGHTFOOT,
President Greene County Health Association.

HOUSE OF REPRESENTATIVES,
Washington, D. C., July 21, 1921.

Hon. HARRY B. HAWES,
Interstate and Foreign Commerce Committee,
House of Representatives.

MY DEAR MR. HAWES: In listening to the hearings on the Sheppard-Towner bill there has been allusion to the agriculture extension service as an agency through which rural women and children might receive the aid offered in the bill now under consideration.

As a home demonstration agent in Lincoln County, Mo., in the office of the farm bureau of that county, under the direction of the agriculture extension service of the University of Missouri, I have knowledge of a specific piece of work done in that county and am submitting this information for your consideration.

In 1919 the State board of health with the assistance of the United States Public Health Service organized and promoted three new bureaus in the State board of health: Tuberculosis, venereal disease, and child hygiene.

Upon the invitation of the home-demonstration agent the State board of health sent a doctor and a nurse from the United States Public Health Service to Lincoln County to assist in a health project for the county. About 500 school children were examined and they and their parents instructed in nutrition and other matters of hygiene, and in many cases urged to consult doctors and dentists.

After about four weeks assistance from the Health Service the home demonstration agent did all the rest of the work, consisting of weighing the children monthly and instruction of both children and mothers.

The next year similar work was done under the direction of the home demonstration agent with only the assistance of local doctors and dentists and mothers, and the work extended to othersections of the county.

This demonstrates that there are already Government agencies doing the work; the inspiration and help of the United States Public Health Service.

Home-demonstration agents are trained in nutrition and hygiene as well as other phases of home making. However, they do not try to replace the physician but on the other hand urge his employment. In turn the physicians of this county called upon the home-demonstration agent to assist them and their patients in the matter of diet.

Undoubtedly it is more economical to use agencies already in existence.

Respectfully,

(Miss) A. BELLE SHELTON,
136 House Office Building.

The CHAIRMAN. Is there anything further, Mr. Hawes?

Mr. HAWES. That is all, Mr. Chairman.

The CHAIRMAN. Is Dr. Martin in the room?

(No response.)

The CHAIRMAN. Is Dr. Lumsden present?

Dr. LUMSDEN. Yes, sir.

The CHAIRMAN. You can proceed, by arrangement made by the chairman, until 12.20 o'clock, after which time the arrangement is to allow Miss Robertson to make a statement.

Dr. LUMSDEN. Very well.

STATEMENT OF DR. L. L. LUMSDEN, UNITED STATES PUBLIC HEALTH SERVICE.

Dr. LUMSDEN. Mr. Chairman and gentlemen of the committee, I feel very much honored to have an opportunity to take part in the testimony which is being given before this committee. For over 20 years I have been interested in public-health work and consequently in public-health legislation, which decides whether or not public-

health work shall be done and, in a general way, how it shall be done. In the course of this experience I have attended many hearings before committees of the House and of the Senate and before State legislative bodies and local legislative bodies. I have never attended a hearing which impressed me as being any fairer than the one which has been conducted here. I have never attended a more thorough hearing. Nor—and I say this because I feel that it is coming to the committee—a more intelligent hearing. I appreciate the difficulty that the committee has had in obtaining the information it actually wanted from some of the witnesses who have appeared here, and that statement probably will apply after I testify, because I am likely to be in that number.

I am going to try to discuss this matter from a field standpoint. Much of the testimony that I have heard here—I have not heard it all—has been along lines which appeared to me to be rather foreign to the subject. Things have been pointed to with pride by the proponents which I can not find in the bill and which judging by your cross examination you have not been able to find in the bill. Things have been spoken into the bill and viewed with alarm by the opponents which I am unable to find in the bill.

My particular interest in this bill is because of my working experience in life. I entered the public-health field because I liked it, because I thought it offered a big opportunity for service, and because I had to make a living somehow. I have been engaged as an officer in the Public Health Service for over 22 years. For the last 10 years my work has been mainly in the rural districts, which, I think, present the largest, the most important, and the most difficult part of the public-health situation in the United States. Our large cities are doing very well for themselves along public-health work lines. In public health work I include the work contemplated in this bill for the promotion of the hygiene of maternity and infancy. I look upon it, from my studies of this business, as distinctly and clearly a branch of public-health work.

We can not draw sharp lines of demarcation between public-health work, social-service work, and economic work, because they are interwoven absolutely. When a public-health officer goes to a home to advise the family what to do to prevent the spread of diphtheria or tuberculosis, or any other infection, he, in order to make his work effective, must consider—and if he has good sense he will consider—the economic conditions of the home and the social conditions of the home. When a health nurse, under the instruction of the health officer of the community, makes his visit to a family she, too, must consider the social and economic conditions. If there be a poverty factor which makes it inpossible to promote hygiene in that family, then it is a distinct duty of the health worker to go to whatever agency may be in the community which is or can be made available for assistance to relieve that poverty factor.

Dr. Williams referred to the sanitary officers engaged in some of the counties in Virginia to carry out a highly eonomical plan of cooperative health work supported with funds furnished by the county officials, the State board of health, and the Public Health Service. In one of those counties a few weeks ago the sanitary officer was called by a family to see a house servant who had on her face some kind of an eruption which the family was fearful might be scarlet fever or something else contagious. The servant, a colored woman, worked irregularly as cook, laundress, and nurse, and assistant in the care of the children not only in that family but in several other families in the neighborhood. The sanitary officer not being a doctor got a local private practitioner of medicine to go with him to see the case. They found the woman to be in a highly contagious stage of virulent syphilis. There was no doubt about the diagnosis, and there was that woman helping to take care of 15 or 20 children in that neighborhood. She was entirely ignorant of the serious risk to which she was exposing those innocent children. She herself was pregnant. Going to 10 homes in the neighborhood the sanitary officer asked each family to contribute $5, and with the $50 the woman, after conditions were explained to her, and with her full consent, was taken on a train to the hospital at Charlottesville, Va., and put under care and treatment. That was an instance of a sanitary officer doing social-service work, but doing it under public-health administration as a part of his public-health work.

As I understand, the purpose of this bill is the promotion especially of the hygiene of maternity and infancy. It seems that the provision in the first section of the bill about promoting the care of maternity and infancy is very general and somewhat vague. I do not know what might not be done under a literal construction of such authorization. It seems, though, that the plans of detailed procedure would be proposed by the State agency and be subject to the approval of the Children's Bureau. I would not expect the State agency and the Children's Bureau to agree upon a plan embodying some of the absurd things which have been suggested as possibilities before this committee. If under the broad authorization absurd lines of activity

were undertaken with this money I would not expect the personnel responsible to stay in office but a short time. I have some confidence in human intelligence—even in that of our governmental agencies.

Mr. Hoch. Doctor——

Dr. Lumsden (interposing). If I may be permitted to complete my statement, I probably shall answer your question.

Mr. Mapes. There was one thought——

Dr. Lumsden (interposing). I prefer, if I may, to complete this general statement, because my time is so limited.

I have read carefully the hearings on this bill held before the House committee in the last session and before the Senate committee in the present session of Congress. From then and other possible sources of information I have endeavored to ascertain whether what is contemplated actually to be done under this bill would be health work or not. If the provisions were for "purely and distinctly social-service work," as some seem to think, I should not feel qualified to discuss the measure except in very general terms. It seems to me, however, that the activities under this bill would be more nearly public-health work than anything else. In this connection the testimony of the head of the Children's Bureau and her assistants, who originally drafted this bill and who would constutite the authorized Federal agency to determine what should be done under this bill if it were enacted into law, is illuminating.

I find that at the hearing (p. 21) before this committee on the bill H. R. 10925, in the Sixty-sixth Congress, Mr. Winslow, in questioning Miss Lathrop, the head of the Children's Bureau, asked:

"You would naturally look to the trained nurse as the field agent, would you not?

"Miss Lathrop. I would certainly employ trained nurses.

"Mr. Winslow. And then your next source of consultation might be the physicians of the neighborhood?

"Miss Lathrop. Of course, both physicians and nurses would be necessary in the States."

This is of especial interest, because the field work, the actual work, would be done in the States; it would not be done in Washington. Miss Lathrop continues:

"We must also, I think, have what has helped to give New Zealand the lowest infant death rate in the world, a rate about half of our own country—namely, interest and wisdom to create hospitals and to create nursing services and other necessary activities locally."

That statement would seem to indicate that Miss Lathrop is of the opinion that the operation of a big medical or public-health factor would be necessary to the accomplishment of the general purpose of this bill.

At the bottom of page 21 of those hearings, with Mr. Winslow still questioning Miss Lathrop, this occurred:

"Mr. Winslow. Well, how is it in the rural localities as compared with the cities?

"Miss Lathrop. The maternal mortality in the isolated rural sections is markedly high, and it is markedly a matter of neglect—not altogether neglect of doctors, but lack of opportunity for care and information, which could all be secured under this bill, first, by printed information, by popular teaching, by public-health nursing; and lastly, by a proper system of district medical service for exceptional need."

That statement by Miss Lathrop interested me especially, because public health work, including public-health nursing in the rural districts, is the line of business with which I am connected in the Public Health Service.

Incidentally—I believe it has already been brought out several times at this hearing—the puerperal mortality, the so-called "maternity mortality," in our birth registration area is somewhat lower in the rural districts than it is in the cities. I think that is a point which should be given consideration.

Now, coming to the hearings before the Committee on Education and Labor, United States Senate, Sixty-seventh Congress, first session, on S. 1039, a bill for the public protection of maternity and infancy and providing a method of coopeation between the Government of the United States and the several States, which once was the same as H. R. 2366, the bill you now are considering, let us see, further, if there is any further testimony to indicate whether this is a public-health measure. Miss Lathrop, in answering a question about economy by Senator McKellar, made this statement (see p. 22):

"The law provides the establishment of local health centers and of instructive public-health nursing as a part of a state plan, and it would be the duty of the bureau, as I conceive it, to publish and distribute widely all the best available practical information as to character, organization, and management of such centers and nursing service."

On page 23 of that hearing, Miss Lathrop, in answering a question about the relation which the Woman's Bureau might have to the matter under discussion, says:

"I do not think that a bureau devoted to the interest of wage-earning women is in a position to take up this technical piece of work in which we have been engaged for nine years."

As there has been so much said about the nontechnical percentage of this work, I think that statement should be of interest. It seems Miss Lathrop thinks there is a technical phase in the work which would be done under this bill. I agree there is. I do not see how anyone who knows something of public-health work can possibly escape such conclusion.

Now, we go to page 75 of those hearings. Miss Lathrop takes the stand to make an explanation. She quotes from section 8 of the bill, which is the same as section 8 of H. R. 2366, and then says:

"Of course, that is what we depend on more than anything else."

"The popular, nontechnical instruction provided for in section 9, to be given by qualified lecturers on hygiene and maternity and information on related subjects is a measure of importance in our opinion. By related subjects is meant the arts of the household, such as cookery and other methods of sanitary and healthful home management."

From this statement it appears that agents functioning under the provisions of this bill would be expected not only to engage in sanitary or public-health work, but also enter the field of home economics and domestic science, which already is occupied by agents of the Department of Agriculture.

When I reached page 137 of that Senate hearing I found what promised to be a very interesting statement. I thought here is where I am to learn what this bill is all about. Dr. Florence McKay, assistant director of the Children's Bureau, was testifying. She states:

"I am assistant director of the hygiene division of the Children's Bureau.

"The CHAIRMAN. In Washington?

"Dr. McKAY. In Washington. A number of people have made statements concerning the standard of the work that is to be undertaken if this bill for the protection of maternity and infants goes through. I wish to state—" and my heart sank when the chairman at that point interrupted her with a question, because I thought I was about to learn just what would be the standard of the work to be accepted by the Children's Bureau if this bill were enacted. But the chairman interrupts her with a question:

"The CHAIRMAN. Are you a physician?

"Dr. McKAY. Yes; I am a physician.

"The CHAIRMAN. How many physicians are connected with the Children's Bureau?

"Dr. McKAY. At present there are four. The number of physicians varies according to the amount of work we have to do. They are not only regular physicians, but hey are physicians trained in child-hygiene work and they have had special experience along that line."

And now she resumes her statement; I am very glad she does, and I think all of us ought to be. I congratulate Dr. McKay upon her continuity of thought. She continues:

"As an outcome of the child work there was held in Washington and in various regions throughout the country a series of conferences which resulted in standardizing the child-hygiene work of this country.

"These standards have been published, and I would like to file with the Senators here copies of them so that they can see what the work for maternity and infancy will be.

"On page 6 of this you will find the minimum standard for public protection of the health of mothers and children. These standards were agreed upon by authorities not only from this country but from various countries which sent their best people to this country, and as the result of these conferences, these minimum standards for public protection of the health of mothers and children resulted. These minimum standards, as you all have noticed—I will not read them—but they contain provisions for maternity of prenatal centers sufficient to provide for all cases not receiving prenatal supervision from private physicians, and provide for physicians and nurses in these centers with clinics for dental and venereal treatment, for maternity hospitals, or for maternity wards in general hospitals, the regulation of midwives, and for the adequate income to allow the mother to remain in the home through the nursing period, and so on.

"Now this work, if this maternity bill goes through, would be guided according to these minimum standards and also with the advice of the best obstetricians of the country."

Now, that was Dr. McKay's idea of what would be done if the bill were enacted into law, and Dr. McKay was in a position to know what she was talking about. I think they would be perfectly right in doing public-health work if this bill were

enacted in its present form, because they could not get anywhere in promoting the hygiene of maternity and infancy without either doing public-health work or having it done by somebody else.

And now I am coming to the main point, I think, to be considered in connection with the demands made upon Congress for health legislation. I think the e demands will continue to come upon you, and if they be logical I sincerely hope they will. I shall be distinctly disappointed in the citizens of this country if they do not make demands upon the Congress for the legislation which Congress properly may enact for the protection and the promotion of the health of not only the mothers and the babies but of all the people of the United States. The interests of the men, women, and children are inextricably bound together, and one age-sex group can not be well off without the others being well off. We can not consider the interests of the women apart from the interests of the men, and God help us if we ever seriously undertake to do so.

In considering health or any other proposed legislation, perspective is, of course, always important, and it appears critically important at this time. How can you invest from our hard-worked, depleted Treasury at the present time so as to give to the people of the United States the best dividend yield? The people have put the money into your hands for investment—how can you, as directors for those stockholders, invest the money to the best lasting benefit of the men, women, and children of this country? Can you do it in the field of health legislation by the enactment of a measure which will establish and put into the field a specialized force of health workers who will engage in but one branch of health work constituting only about one-tenth or one-fifteenth of what we call a well-balanced health program to meet the needs of the people of the United States? If you are going to create by the enactment of this bill a highly specialized force, with overhead expenses and incidental and traveling expenses—and the traveling expenses will be a considerable item under this bill—to look after one group of our citizens, can you stop there? Do you think you can stop there? Don't you think that there will be in a few weeks or in a few months a large representation of men voters and women voters coming here to ask that you do something about tuberculosis, and scarlet fever, and diphtheria, venereal diseases, and other diseases? Finally, the old wise ones may come to ask you to do something for old-age life-extension hygiene. I may be in that party. I think, gentlemen, if you enact this bill, you will be starting on a program which for its logical completion will require enactment for the estabishment of 15 or more specialized Federal health organizations.

To cooperate with the Federal agencies the creation of corresponding State and local agencies would be necessary, and the burden of expense for such services would be so great that the people could not and would not think of standing it.

I know something of the needs of the average rural community in the United States. Dr. Williams spoke of hookworm, and malaria, and typhoid fever. I have worked in communities in which 75 per cent of the population have malaria every year. If you should send a specialized force into such a community to work on infancy and maternity hygiene alone, through social service or any other methods, the people would be disappointed. They would say, "We want some one to come here to teach us how and help us to get rid of malaria. That is what is pulling down our women and children and men; that is the thing that is putting the burden on maternity and is the cause of 50 or 75 per cent of our sickness. We want to get rid of malaria." Other communities would substitute for malaria hookworm, pellagra, tuberculosis, or some other disease, and say the same. That which seems clearly to be critically needed is a program of general health work which can be administered by one cooperating agency and which can be applied so as to assist in furnishing local health service to meet in reasonable sequence the actual needs of local situations.

Immediately across the Potomac River from here, in Arlington County, Va., is being carried on, under the direction of a well-qualified, whole-time county health officer, what I regard as a well-balanced general program of rural health work. In that county all salient branches of health work—including general sanitation, communicable disease control, school inspection, infant and maternity hygiene, etc.—are being carried out under one direction with one administration or overhead expense. The continual question with the local health officer is "what can be done with the resources available that will do the most good." By his sense of relative values he proceeds with either success or failure. The work in Arlington County is under one head, and one clerk attends to the clerical work in the office. If you had six specialized organizations over there working under six different heads there would have to be at least six clerks to write up the reports at the end of the day or the week or the month.

Some one has said that the poorest market to-day in the world for "gold bricks" is among the farming population in the rural districts of this country. In order to get

the local authorities in our rural sections to invest for local health work they must be convinced that the proposition is sensible and economical. They have a limited amount of money to invest, and they want to know what it will do. I should feel sad if I were given the responsibility of selling to the rural communities throughout the United States any one highly specialized branch of health work. What particular branches of health work are indicated in a given locality must be determined by careful local studies. I can not determine here in an office in Washington, and Dr. Williams in his office in Richmond can not determine how the money available for health work can be spent to the best advantage in a given community; that has to be determined by some one on the local job. The question of administration, or whether the reports are sent to one bureau or another in Washington, is not so material.

The CHAIRMAN. Doctor, you have about 10 minutes more, including questions from the committee.

Dr. LUMSDEN. Thank you, Mr. Chairman. The resolutions which were presented by Dr. Williams seem very clear in their meaning. Those resolutions, adopted after thorough deliberation, present the latest verdict of our State health officers on the kind of health legislation needed from the Federal, State and local Governments in the United States. They contemplate cooperation for the establishment and maintenance of local health service to carry out the general program of health work needed.

The State health officers from practically every State in the Union appear to think that the Federal Government's part in the public health business should be administered by one agency in one department. That seems good judgment; it seems good common sense to prevent duplication and to save overhead expenses. The Public Health Service is now engaged with a small annual appropriation of $50,000 in doing demonstration work in rural sanitation. At the present time we are working in 15 States, one or two counties in a State, trying to do the best we can with that small sum of money to demonstrate what local health service with the aid of Federal and State Governments can do.

And, gentlemen, it is demonstrated. I am going to leave with you the report on that work for the fiscal year 1920. The report for the year 1921 has not yet been published. This reprint No. 615 will give you an idea of what it means. We do not use——

Mr. HAWES (interposing). May I interrupt you just there: Will you please put extracts of that report into the record; take extracts giving information, and put it in the record?

Dr. LUMSDEN. I can do that if permitted.

Mr. HAWES. Yes.

Dr. LUMSDEN. I shall be glad to do that.

(The following excerpts from the report were submitted later on by Dr. Lumsden for insertion in the record:)

"During the fiscal year ended June 30, 1920, cooperative projects were carried out in 31 counties in 11 States. To meet the expenses of this cooperative work, a total of $175,093.88 was furnished and expended from community, county, and State governmental sources, and $54,001.47 from civic sources, such as local health associations, Red Cross chapters, and the International Health Board. Thus, this investment of Federal funds has been met with odds of about 5 to 1, which indicates unmistakably that such investment of Federal funds stimulates to a significant degree State, county, and municipal governments to invest in the business of rural health promotion.

"The scope and the results of the work and the funds expended from the different sources are presented in the accompanying tabular statement.

"PLAN OF WORK.

"In every instance the cooperation of the Public Health Service is extended only in response to formal requests from the proper governmental authorities of the county and from the State health department. A preliminary survey of the situation is made by a representative of the State health department or a representative of the Public Health Service or both. From the data obtained in the preliminary survey the general plan of work to be carried out and the amount of funds necessary to secure the definite results desired are agreed to by the several agencies which are to cooperate in the project.

"The different branches of health work indicated in the county are taken up in what appears to be the logical and most advantageous sequence. Every salient branch of health work—including safeguarding of water and food supplies, sanitary excreta disposal, fly control, antimalarial measures, infant hygiene, school inspection, antituberculosis and antivenereal disease measures, industrial hygiene, etc.—is carried out in the demonstration units. Thus, the work is comprehensive, and it can be adjusted for advantageous cooperation from the various and sundry governmental and extra-governmental health agencies which have been created for one reason or another.

"RESULTS.

"Every one of the cooperative projects in the fiscal year ended June 30, 1920, yielded results exceeding in value manyfold the cost in labor and money. Among the total results indicated in the tabular statement, to which especial consideration may be given, are:

"1. Public health lectures presenting the principles and details of sanitation to over 83,000 persons.

"2. Over 150,000 sanitary inspections of private homes, with plain discussion of the findings being made in almost all instances with members of the households.

"3. Physical examination of over 45,000 school children, with notification of parents resulting in the institution of corrective measures among a considerable proportion of the 27,631 children who were found to have more or less incapacitating physical defects.

"4. Eighteen thousand eight hundred and seventy-two visits by health nurses to homes of cases of communicable disease, to advise and show the afflicted households how to prevent the spread of the infections.

"5. Six hundred and seventy visits by health nurses to advise with and assist expectant mothers in carrying out hygienic and physiological measures making for healthy mothers and healthy babies.

"6. Five thousand four hundred and twenty-eight home visits by health nurses to demonstrate hygienic measures for the protection of the health and lives of infants.

"7. Nineteen thousand three hundred and seventy persons vaccinated for protection against smallpox, a disease which now should be obsolete and which can be made so by thorough vaccination.

"8. Twenty-one thousand two hundred and three treatments to free persons of venereal disease infection and prevent the spread of the infection.

"9. Four thousand one hundred and fifty-one cases of dangerous communicable disease quarantined to prevent spread of infection in the community, the State, and throughout the country.

"10. The installation of 16,250 sanitary privies at homes previously provided with grossly insanitary privies or without toilets of any sort.

"11. One thousand one hundred and seventy-eight homes provided with clean water suppliesin place of contaminated water supplies.

"12. Radical improvement of 494 public milk supplies, distributed to a considerable extent through the channels of interstate commerce, to prevent the spread, through the enriching medium of milk, of such infections as those of typhoid fever, scarlet fever, diphtheria, tuberculosis, septic sore throat, and infant diarrhea.

"Among the demonstration units in which remarkable reduction in sickness and death rates has followed the sanitary improvements accomplished is Madison County, Ala. In this county, with a population of 50,000, the cooperative work was begun in the latter part of the calendar year 1917. The reduction in deaths for the year 1919, as compared with 1915, 1916, and 1917, which appeared definitely to result from the sanitary improvements accomplished, amounted to a saving in that year of over 150 human lives. The total cost of the health work in that county—met with funds from local, State, and national governmental sources—was for each of the calendar years 1918 and 1919 about $10,000. The saving of the lives of American citizens at a cost of $66 per life saved seems a reasonably good investment."

The CHAIRMAN. Doctor, it is either a question of your not being asked any questions by the committee, or you should submit to questions now.

Dr. LUMSDEN. I shall be glad now to answer questions.

The CHAIRMAN. I will give Mr. Mapes an opportunity to examine you. Your statement, questions and all, will have to be concluded in seven minutes.

Mr. MAPES. You have read excerpts from hearings here of different witnesses for the purpose, I take it, of criticizing, or calling attention to their interpretation of the authority which would be given under this bill.

Dr. LUMSDEN. I shall be glad, if possible, to give yes and no answers to the inquiries.

Mr. MAPES. I am afraid you can not answer my inquiries that way. I wish you would, for my information, tell me where the Public Health Service gets its authority under the law to do the work which this bill contemplates.

Dr. LUMSDEN. In the first place, my quotations from the previous hearings were to indicate upon what information I based my conclusion that the work contemplated by this Sheppard-Towner bill is regarded by the Children's Bureau as public health work. The Public Health Service has authority, under the act of 1912, to investigate the diseases of man and the conditions influencing them. There is an investigative phase to all the work we do.

Mr. MAPES. Investigate what?

Dr. LUMSDEN. Diseases of man and the conditions pertaining thereto.

Mr. MAPES. Contagious diseases?

Dr. LUMSDEN. No; "the diseases of man;" it is not limited to contagions.

Then, in regard to the demonstration work—in Arlington County, Va., for instance, we are cooperating with the State board of health——

Mr. MAPES. Just answer my question in the briefest possible way. We have such brief time.

Dr. LUMSDEN. I am trying to answer your question and say what I think at the same time.

Mr. MAPES. Now, I am asking you to give me the law; where that appears?

Dr. LUMSDEN. The authority for the cooperative demonstration work in rural sanitation is carried in the sundry civil bills from year to year.

Mr. MAPES. Does that include the protection of mothers and prenatal care?

Dr. LUMSDEN. Sanitation is a broad term, and the hygiene of——

Mr. MAPES (interposing). You criticized the proponents of this bill for proposing to do certain things which the Public Health Service evidently is doing.

Dr. LUMSDEN. I want to answer your question. In each of those counties in which we are working, there is a county health organization. We pay about one-seventh of the expense.

Mr. MAPES. We will not have time to discuss that.

Dr. LUMSDEN. We put our money in with the local money, and the local health officer with the combined funds carries out the program of sanitation (or hygiene).

Mr. MAPES. Now, I would like to call attention to the law which creates the Children's Bureau.

Dr. LUMSDEN. I know that law, sir. I am thoroughly familiar with it. They have so far as investigation of conditions of children is concerned a range as wide as the horizon.

Mr. MAPES. They have a great deal more right under the law to do this very work contemplated under this bill.

Dr. LUMSDEN. I have not disputed their rights to do what they are doing.

Mr. MAPES. I would like to put this in the record for the benefit of those who read the record:

"The said bureau shall investigate and report to the said department upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories."

This rural sanitation provision under the sundry civil bill, I notice, contains this provision:

"That no part of this appropriation shall be available for demonstration in rural sanitation in any community, unless the State, county, or municipality in which the community is located agrees to pay one-half of the expenses of such demonstration work."

Do you think that is a wise provision?

Dr. LUMSDEN. I do. I think the general Government——

Mr. MAPES (interposing). I just asked you if you think that is a wise provision.

Dr. LUMSDEN. I do; I would like to elaborate in that answer just a little. I think the Federal Government should be interested in the health of the people of every community in the United States and should work within its proper limitations with the State government and the local government and the individual through sensible, economical methods for the promotion of human health. I think we can go into it perfectly properly.

Mr. WEBSTER. Mr. Chairman, I would like to ask a question.

The CHAIRMAN. Proceed.

Mr. WEBSTER. Doctor, I understood you to contend that the administration of the bill that we are now considering should be placed in the Public Health Service for the reason that it is largely a medical matter and involves scientific skill in its administration?

Dr. LUMSDEN. I think this, that either this branch of public health work should be put in the Public Health Service, or all of the work that the Public Health Service is doing along public-health lines should be put under the Children's Bureau, or some other bureau, where it could all be done under one head, in one department. I am trying to be entirely unbiased.

Mr. WEBSTER. Suppose we look at the other side for a moment: Suppose this particular bill should be transferred to the Public Health Service because of its public-health

features, what do you say about the powers which are defined by the act creating the Children's Bureau.

"The said bureau shall investigate and report to said department"—

That is, the Department of Commerce and Labor—

"upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories."

Now, if the administration of this particular measure should be committed to the Public Health Service because of its medical aspect, why should not the entire duties of the Children's Bureau be transferred to the Public Health Service?

Dr. LUMSDEN. I think all of the investigative matters along distinctly health lines should be placed under one service. I am arguing for a unified Federal health service.

From a standpoint of economy and efficiency, I can not advocate this bill in its present shape. I am in favor of the general purpose of the bill; no one reasonably could be opposed to the general purpose. But I think this bill, in its present form, would be an uneconomical program with which to burden any bureau or Service or Department. I think its enactment in its present form would set back rather than help carry forward the plans and purposes which the bill contemplates. I believe it is a lop-sided program.

Mr. WEBSTER. But do you think the activities of the Children's Bureau in respect of studying the diseases of children, and making investigations of child life among the people and the causes of infant mortality should be transferred to the Public Health Service?

Dr. LUMSDEN. The Public Health Service is already studying infant hygiene and infant mortality. The gentleman from Missouri, Mr. Hawes, this morning gave an example in his home State of what is being done.

Mr. WEBSTER. You think that is the logical place for it to be done, because it is professionally medical; but why stop there; why should not the Public Health Service carry on these other activities?

Dr. LUMSDEN. It should, in my humble opinion carry on all the public health activities of the Federal Government but Congress saw fit, in 1912, to create an other agency.

The CHAIRMAN. We know that, Doctor.

Dr. LUMSDEN. It is not within my province to criticize the acts of Congress, and I hope the questions asked me will not compel me to do so.

Mr. WEBSTER. That would be inconsistent, if we committed the work of the Sheppard-Towner bill to the Public Health Service, instead of committing it to the Children's Bureau to carry out all of the work.

Dr. LUMSDEN. It might be inconsistent, and I think it would be unfortunate to give this bill, in its present form, to any bureau.

Mr. HAWES. Judge Webster, a moment ago I understand the language read then, with reference to public health and hygiene work of the Children's Bureau was limited to an investigation; that was the limit on their work as it related to health. Now, Doctor, how much farther do you go than the mere investigation in your department?

Dr. LUMSDEN. We cooperate, demonstrate, and educate.

Mr. HAWES. You go right into the work of health itself?

Dr. LUMSDEN. Yes, sir.

Mr. HAWES. You prescribe remedies?

Dr. LUMSDEN. No medicinal individual remedies.

Mr. HAWES. I do not mean individual remedies, but health remedies?

Dr. LUMSDEN. Yes; we send out thousands of publications giving advice to the people how to do this, that, and the other to keep well.

Mr. HAWES. If your method of investigation and application applied to sanitation, it would be about 25 or 35 per cent investigation, and 65 or 75 per cent application?

Dr. LUMSDEN. Yes, in the demonstration rural health work in order to demonstrate what is meant by public health——

The CHAIRMAN (interposing). We must conclude this examination, gentlemen.

Mr. WEBSTER. Here is the reading of the statute creating the bureau:

"The said bureau shall inveatigate and report to said department upon all matters pertinent to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment legislation affecting children in the several States and Territories."

Then follows a provision that the Secretary of Labor is hereby directed to furnish sufficient quarters for the work of the bureau, and a provision that the chief of the bureau may issue such pamphlets from time to time, as may be prescribed by the Secretary of Commerce and Labor. What does the department of public health do other than to issue pamphlets of its investigations?

Mr. HAWES. That is what I asked the doctor. The Children's Bureau is limited to investigation and the issuing of pamphlets as the result of investigations. The Public Health Service goes much farther. It investigates, and then applies the remedy. That is the distinction between the two, and it seems to me it is a very marked distinction. It does not go into a camp center, investigate and write a report for a bulletin; the Public Health Service camps writes a report, but also helps to clear up a situation where there is a condition that needs righting.

Dr. LUMSDEN. And tries to leave with the local authorities the impression that continued investment for local health service is wise after we have gone away and have been forgotten about.

Mr. HUDDLESTON. As I understand, the functions of the Public Health Service are confined by the general law simply to "investigating the diseases of man?"

Dr. LUMSDEN. The general law of 1912; yes, sir.

Mr. HUDDLESTON. And there is an appropriation carried from time to time, not under any general statute, which authorizes matters of report and sanitation?

Dr. LUMSDEN. Yes, sir; in sundry civil bills.

Mr. HUDDLESTON. Those two things comprise all the authority that the Public Health Service has?

Dr. LUMSDEN. I should not like to answer that question without a qualification.

Mr. HUDDLESTON. I would like for you to study the matter up and put it in the record; you will have an opportunity to do so.

Dr. LUMSDEN. I shall be glad to submit a memorandum in answer to your question.

(The following memorandum was submitted later on by Dr. Lumsden for insertion in the record.)

"Under the act of February 15, 1893 (ch. 114, 27 Stat. L., 449), the Public Health Service (the then Marine Hospital Service), is authorized under the direction of the Secretary of the Treasury to 'cooperate with and aid State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards and in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia.' As infants and prospective mothers constitute a part of the population of the average community and like other groups in the population are subject to quarantinable and other diseases, it seems that the Public Health Service under this authorization has a right to cooperate with State and local health authorities in carrying out reasonable measures for the protection of all age-sex groups in the population against disease. The venereal diseases and other communicable diseases constitute a large factor in infant and puerperal mortality and measures for the promotion of the general health of infants and mothers gives them a considerable degree of protection against communicable disease.

"The act of August 14, 1912 (ch. 288, 37 Stat. L., 309), authorizes the Public Health Service to 'study and investigate the diseases of man and conditions influencing the propagation and spread thereof.' The cooperative demonstration work of the Public Health Service in rural sanitation has a distinct investigative phase. The investigative part of the work can not be conducted practically without doing some educational work which results in measures being carried out by individuals, local organizations, and local and State governments for the protection of human health.

"In each of the last several sundry civil bills an item of appropriation has been carried for the rural sanitation work of the Public Health Service. The language of this item in the sundry civil bill making appropriations for the current fiscal year is as follows:

"'Rural sanitation: For special studies of, and demonstration work in rural sanitation, including personal services, and including not to exceed $5,000 for the purchase, maintenance, repair, and operation of motor-propelled passenger-carrying vehicles, $50,000: *Provided*, That no part of this appropriation shall be available for demonstration work in rural sanitation in any community unless the State, county, or municipality in which the community is located agrees to pay one-half the expense of such demonstration work.'

"The money appropriated in this item is expended so as to assist in the establishment and maintenance of local health service in rural districts. The local health organization carrying out the work is appointed by the proper local authorities and

serves as a local county or district health organization. Such local health department under its local authority carries out as a rule a general program of health work, including measures for the detection and control of communicable disease and for the promotion of health. It conducts special investigations to determine the modes of spread and the cause of prevalence of various diseases and to determine improved methods for the prevention of disease and the promotion of health. The local health officer in such a demonstration unit reports to the Bureau of the Public Health Service in Washington the actual or threatened occurrence of communicable (quarantinable) disease within his jurisdiction and within the vicinity thereof."

Mr. LEA. Would you place the information in the record showing how many States are at the present time spending funds for the purposes proposed by this bill, which would qualify them for the Federal aid which this bill provides; is that information available?

Dr. LUMSDEN. I could put in the number of States that have child-hygiene divisions; I could not give the details without considerable correspondence.

Mr. LEA. That would be helpful. You will put in the other information?

Dr. LUMSDEN. I shall try to do so.

The CHAIRMAN. You waive the matter of the approval of the act by sufficient appropriations?

Mr. LEA. Yes.

Dr. LUMSDEN. You want to know how many States have child-hygiene divisions?

Mr. LEA. Yes.

Dr. LUMSDEN. I shall be glad to put that in.

(The following memorandum was submitted later by Dr. Lumsden for insertion in the record:)

INFORMATION RELATIVE TO THE STATUS OF CHILD HYGIENE DIVISIONS IN STATES.

States in which there is a child hygiene division in State board of health: Alabama, Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia, West Virginia, Wisconsin.

States in which there is no child hygiene division in State board of health, but in which this work is carried on outside: Colorado, Delaware (reconstruction), Nebraska, New Hampshire, Utah, New Mexico (2).

States in which no provision is made for child hygiene work: Arkansas, District of Columbia, Idaho, Iowa, Maryland, Nevada, Oklahoma, South Dakota, Tennessee, Vermont, Washington, Wyoming.

Dr. LUMSDEN. Mr. Chairman, there were about two minutes taken out of my time, and I should like to have a few seconds to say one more thing.

The CHAIRMAN. You must make it very brief.

Dr. LUMSDEN. It is about economy. One of the most important witnesses before the committee, Dr. Josephine Baker, discussed this matter from a field standpoint; it was based on experience in New York City. Her division is a part of the health department of the city of New York. The significant statement she made was that they are spending through her division to carry out one of the branches of the work of the health department $900,000 a year to give that service——

The CHAIRMAN (interposing). I shall have to ask you to stop, Doctor; you are not stating anything new.

Dr. LUMSDEN. I wish only to say that if you apply that rate of expenditure to the nation, it will cost to administer this——

The CHAIRMAN. You may put those figures in. We are much obliged to you for your statement, Doctor.

(The statement referred to by Dr. Lumsden follows:)

Cooperative rural health work of Public Health Service in the fiscal year 1921—sums made available from all sources for the support of the cooperative work.

[Work performed in 37 counties distributed in 14 States.]

County and State.	Public Health Service.	State.	County.	Municipalities.	Red Cross.	I. H. B.	Local civic associations.	Total.
Madison, Ala	$2,500	.....	$5,750	$2,875	$1,800	.....	.....	$12,925
Talladega, Ala	2,000	.....	5,000	2,380	.....	.....	.....	9,380
Walker, Ala	900	.....	5,000	.....	.....	.....	.....	5,900
Lauderdale, Ala	1,175	.....	3,500	5,000	.....	.....	.....	9,675
Walker, Ga	1,500	.....	4,500	.....	.....	.....	.....	6,000
Muscogee, Ga	300	.....	6,000	6,000	.....	.....	.....	12,300
Glynn Ga	275	.....	17,000	.....	.....	.....	.....	17,275
Clarke, Ga	2,000	.....	4,800	.....	.....	.....	.....	6,800
Harrison, Miss	1,200	.....	2,764	11,220	.....	.....	.....	15,164
Cherokee, Kan	1,250	.....	7,200	.....	.....	.....	.....	8,450
Ottawa, Okla	1,250	.....	4,000	.....	.....	.....	.....	5,250
Greene, Mo	1,250	.....	5,000	.....	.....	.....	.....	6,250
Jasper, Mo	1,250	.....	3,000	.....	.....	.....	.....	4,250
Mason, Ky	2,000	$2,000	3,000	1,000	.....	$2,000	.....	10,000
Cumberland, N. C	1,000	1,000	5,000	5,000	2,500	1,000	.....	15,500
Edgecombe, N. C	1,000	1,000	4,600	.....	2,100	1,000	.....	9,700
Eighth Sanitary District, Vt	2,500	3,300	.....	.....	2,700	.....	$4,700	13,200
Cascade, Mont	5,000	.....	11,000	.....	.....	.....	.....	27,000
Union, N. Mex	1,000	.....	8,500	.....	.....	.....	.....	9,500
Santa Fe, N. Mex	1,000	.....	8,800	.....	.....	.....	.....	5,800
Chaves, N. Mex	1,000	.....	7,000	.....	.....	.....	.....	8,000
San Miguel, N. Mex	1,000	.....	9,000	.....	.....	.....	.....	10,000
Cape Cod district, Mass	2,500	.....	.....	5,100	.....	.....	.....	7,600
Dubuque, Iowa	375	.....	.....	9,000	.....	.....	.....	9,375
13 counties in Virginia	9,180	60,000	.....	.....	.....	.....	.....	69,180
	44,405	67,300	126,414	47,575	9,100	4,000	4,700	314,474

Public Health Service furnishes a little more than 13 per cent, or slightly less than one-seventh.

Dr. LUMSDEN. If it costs $900,000 a year to give reasonably adequate service for the promotion of the hygiene of infancy and maternity among the several millions of population in a closely built-up urban district like New York City, it would cost at least $30,000,000 a year to extend comparable service over this whole country with its extensive rural districts.

The CHAIRMAN. We will hear Miss Robertson.

STATEMENT OF MISS ALICE M. ROBERTSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OKLAHOMA.

Miss ROBERTSON. Mr. Chairman and gentlemen of the committee, if I had been called on to speak yesterday morning I could have done it very bravely and fearlessly, thinking that perhaps I might have given you some assistance. I have been studying. You see before you what has prevented practically everything in recreation and everything social on my part, because I have been going through so much of that trying to learn about it [referring to a large number of books, magazines, and papers on the table]. Last night, before writing a speech, I began trying to find out a little about those who are to decide as to the presentation of this matter through the Congress in Washington to the people of the country. I started with the Senators, and I have the report of their hearings. I did not get this report until yesterday. I burned the midnight electricity reading them, and I am a very rapid reader. It was the first opportunity I had to find out about them.

From the Congressional Directory I find—

First, there is Mr. Kenyon, of Iowa, a lawyer; he lives in a nonregistration State, and therefore represents a nonregistration State having 2,404,021 people; second, is Mr. Borah, of Idaho, also a lawyer, living in a nonregistration State, representing 431,866 people; third is Mr. Sterling, of South Dakota, also a lawyer, representing 636,547 people in a nonregistration State; fourth is Mr. Warren, of Wyoming, a dealer in live stock and real estate, a nonregistration State, representing 194,402 people; fifth is Mr. Phipps, of Colorado, a lawyer, living in a nonregistration State, representing 939,629 people; sixth is Mr. Kellogg, of Minnesota, also a lawyer, representing

2,387,125 people in a registration State; seventh is Mr. Shortridge, of California, a lawyer, representing 3,426,861 people in a registration area; eighth is Mr. Jones, of New Mexico, a lawyer, representing 360,350 people in a nonregistration area; next is Mr. McKellar, of Tennessee, a lawyer, representing 2,337,885 people in a nonregistration area; next Mr. Wolcott, of Delaware, also a lawyer. He has since gone, but I put his name in just the same. He was representing 233,003 people in a nonregistration area; then Mr. Walsh, of Massachusetts, a lawyer, representing 3,852,356 people in a registration area. So that the Senate represents 17,204,045 people of the population out of 105,000,000 people in the United States.

Mr. BARKLEY. You mean the Senate committee?

Miss ROBERTSON. The Senate committee; yes, sir; and you have noticed with the map before you the States and the people represented by them.

Now, I come a little nearer really, I believe, and I will try to read more rapidly. There is Mr. Winslow, of Massachusetts, a manufacturer, who represents 3,852,356 people in a registration area; next is Mr. Parker, of New York, a farmer, who represents 10,385,227 people in a registration State; Mr. Sweet, of Iowa, a lawyer, who represents 2,404,021 people in a nonregistration State; Mr. Stiness, of Rhode Island, a lawyer, who represents 604,397 people in a registration State; Mr. Cooper, of Ohio, a railway man, who has been a railroad engineer on one of the greatest railroads of the country, who represents 5,759,394 people in a registration State; Mr. Denison, of Illinois, a lawyer, who represents 6,485,280 people in a nonregistration State; Mr. Sanders, of Indiana, a lawyer, who represents 2,930,390 people in a registration district; Mr. Merritt, of Connecticut, a manufacturer and banker, who represents 1,380,631 people in a registration State; Mr. Webster, of Washington—if this is tiresome to the committee, I can put it in.

The CHAIRMAN. Go right on.

Miss ROBERTSON. Next is Mr. Webster, of Washington, a registration State, a lawyer, who represents 1,356,621 people; next is Mr. Jones, of Pennsylvania, a lawyer, who represents 8,720,017 people in a registration State; next is Mr. Mapes, of Michigan, another lawyer, who represents 3,668,412 people in a registration State; next is Mr. Graham, of Illinois, another lawyer, and I will not repeat the figures from Illinois, because he is from the same State as Mr. Denison, which is the one State that has two representatives on this committee. Next is Mr. Burroughs, of New Hampshire, also a lawyer, who represents 443,083 people in a registration State; next is Mr. Newton, a lawyer, of Minnesota, who represents 2,387,125 people in a registration State; Mr. Hoch, of Kansas, a lawyer, in a registration State, who represents 1,769,257 people; Mr. Barkley, of Kentucky, another lawyer, in a registration State, who represents 2,416,630 people; Mr. Rayburn, of Texas, a lawyer, in a nonregistration State, who represents 4,663,228 people; Mr. Huddleston, of Alabama, a lawyer, who represents 2,348,174 people in a nonregistration State; Mr. Lea, of California, a lawyer, who represents 3,426,861 people in a registration State; Mr. Johnson, of Mississippi, a nonregistration State, who represents 1,790,618 people; Mr. Hawes, of Missouri, a nonregistration State, who represents 3,404,055 people. The House committee represents 70,195,757 of the population. And you notice that 4 out of the 21 members of this committee are not lawyers; all the rest are. In the Senate one is not a lawyer; all the rest are.

To say anything about how that bill is made up, or what it is intended to say or do would, under those circumstances, be decidedly a work of supererogation. If so many doctors—legal doctors—differ on it, what should a mere woman say?

There is one thing I must say here. I have gone patiently through these things [indicating printed hearings]. Senators sometimes blunder; they may find out they blundered yesterday in their votes. But Senator McKellar, of Tennessee, I think he is, made a statement to which I want to call attention. They were talking about the cost of things, etc., and Senator McKellar said:

"It is true that the States who are opposed to this bill pay a large amount of taxes. The State of Oklahoma pays the third largest income tax of all the States of the Union."

They would rather they did not have to right now, because the oil wells are a liability rather than an asset now, because the oil is below the cost of production. But he says:

"It has too many oil wells in that State, and the Representatives from that State are thoroughly committed to this proposition."

I have the honor, through an accident, perhaps, to be one of the Representatives from that State. No one ever asked me officially whether I was in favor of this bill; no one in the Senate ever did me the honor to tell me they were having hearings over there. I never attended one of them. I suppose I blundered in not finding out about them, but I have been so busy looking after home matters in the House, I did not go over there. But I knew nobody had ever asked me where I stood. So I have

taken the time this morning, since seeing that statement, to try to see what they did over there to call upon the Representatives to find out how they stood. I called upon every Member of the House from Oklahoma, and not one man has said that he stood for or had expressed an opinion on this bill. I did not ask him, "Do you favor it?" because I do not think that is quite fair. I simply said, "Have you made any statement as to how you stand on that bill?" I did not poll them, either, but every one of them said he had not stated his position upon it.

On the othe hand, while—well, I will be very frank and say that I think it was a very good thing for me that they tried to drive me. I am a good deal like a good many other women; you can lead me anywhere with a stick of candy, but you can not drive me with a big stick. And so, some time ago, when one or two men came to me and said, "If you don't get behind this Sheppard-Towner bill and work for it and vote for it, the women of your district are all going to be against you." Well, when I came up here I told them all that I was going to do my own thinking; I made no promises, either before or after election. You know I was an antisuffragist, and the first political thing that ever came to me was when, in 1916, I was the first woman elected in the State of Oklahoma, in a political convention, to go up to the State convention. I told them to send the man alternate, because I was not in favor of women holding office, and I would not go; and I did not. But I was vice president of the State antisuffage society.

We were very busy during the war; we women did wonderful work, and I want to tell you what the motto of many of us was down there: "Make it do." Whatever we had, in order to save money, we taxed ourselves to the utmost limit, and our motto was, "Make it do." And it is astonishing how much you can do, as when Moses and Aaron were sent on their mission, and God said, "What is that in thine hand?" It was just a rod, but it blossomed, and it bore wonderful fruit. So with what the women has in her hand she can do, as we did during the war. The way the women did that work was, undoubtedly, in my judgment, the reason why the vote was given to us. They said, "They have shown an ability that we did not know they possessed." It is indeed true, as a speaker said here, that men need to know more about women; and, on the other hand, women need to know more about men. We did not want things that will be taking us farther away from each other.

My father—it is 40 years since he rested from his labors, and the pain of it is yet with me. We who had such fathers, and we who had such mothers, and we who were brought up in the beautiful family life that came with the hardship and toil of the pioneer can not forget it. Six years old I was when the oldest little brother, the fourth child, came into our family. God sent him. We thought it was very, very wonderful that God had taken just that time to send him, when mother was in bed so that little brother could lie there on the other side of the bed, and she could keep him so nice and quiet. And then after awhile little sister came, and then two little brothers; all before I was 11 years old. And all with the sweet faith of the child who believed that God did it, and the mother who taught us so purely, and we who were taught from the very beginning how clean everything must be, believed God sent them. There was no doctor. The nearest physician was the Army surgeon, many miles away. There were no trained nurses. But I learned what mother could eat, and how it must be prepared, and with what care of heat for cleanliness and all, because we pioneer missionary people learned to do things. People do not believe that I learned to read by the word method when I was a little child. But we who went as pioneers learned to be so largely self-sufficient.

And so that has been the work for women to do. And we were given the vote. Many of us did not want it; most of us probably did not want it; did not ask for it. You know it was the vote of the men who gave it to us and the very active—I am willing to say it—it was a very active minority that secured all this wonderful boon to the great rather impassive—if we may say so—majority. The conservative women, not perhaps like those women of Germany; of whom the Emperor said that with them it was "kitchen, church, and children," but still the great number of women who love the walls of their home; to whom there is no greater heaven, no greater light that ever shone, than that that comes from a loving husband and the eyes of a little child looking up to mother. God does not give that to all of us.

I call myself, usually, an old maid. After father, who went home, left me to take up the work while I was yet a girl in my teens, I took up a man's work. I have done it. Many times I might just as well, just as bravely, perhaps, have walked across the red hot iron that they say used to be the test of a woman's purity. Always I have done the work of man; and in my soul has been the consciousness of right-doing, but when people have said, "Why don't you want the suffrage?" I said, "I have done a man's work; and I have almost always—not always—but almost always I have had a man's pay."

But I have paid the price.

I went out this morning, and that looked up to me and it challenged me. [Exhibiting picture of a child on the cover of a magazine.] Just take that and pass it along. Was there ever anything so appealing, so wonderful, as a little child? Do you wonder, then, that in this first instance where the women ask something as women—that is the hurt—they make this appeal? They do not say, "Come on men, let us see about getting this." They say, "We will go as women, and we will demand this." And I am sorry for that. We can not do too much for the mother; for the mother with the little child.

You see, we are having to go through all these terrible things, and there are some terrible things. There is a terrible thing they call "VD," or the red plague. How are you going to handle that? Out in some parts of our State they have been handling it lately through investigations. And when I tell you that in one of those oil towns in Oklahoma they took a survey of all those who handled fruit and meat and drink and vegetables and those who served in the restaurants and did the cooking—as soon as it was known such an investigation was to be made a number of people hastily left the town, so they were not included. But 50 per cent of the people handling food were affected with the red plague. That is a question, and who can handle that? The great public board of health? We have not a registration State law, but my people are doing it; in my own town we have the women's activities, because we did not quit at the end of the war, but we have been "carrying on."

You know, I had a dream long ago. Knowing of the sorrows and trials of the farmer women, I dreamed that some time it might be my work to begin some little work among my people down there in Oklahoma, in those cabins along the edges of the streams and on the prairies, scattered round, and oftentimes with the roads so bad. But, thank Heaven, the march of modern improvement is making the life of the farm women so much less isolated, and, along some lines, that it is not necessary for her to be dependent upon an inconsiderate husband, because he wants the telephone; he wants the good roads to "get there." And so I have a dream of community centers following the school. And we are getting a good deal of that line of work. I wondered whether there might not be the community laundry. I wonder how many of these women who died—they say the greatest number is among the white native-born women—I wonder how many of them died because they will not be dirty; they will scrub and wash and iron and do the work that is too heavy for them. And that is where the community service could come in with the laundry, and even the pig killing could be done there. All these country activities could be carried on, and I think the women are going to wake up and ask help in this farm work, perhaps through some of the many already established bureaus of the Government to do more for them.

I do not want to make a speech. I can not. It is just simply that I thought that I should tell you, since every one has been asked who they represent, that I would like to represent the daddies, because I have been on very good terms with them, as well as the women of those classes that Abraham Lincoln said God loved, because he made so many of the common people. And it has been the joy of my life to be with the common people that God loved. And so there are some things that nobody ought to try to take away from daddy. May he not have the joy of thinking of that wonderful little new life that is coming? If he is not a brute of a man, of course he is anxious to do everything possible. If he is a brute of a man, it will take something a good deal more belligerent, it seems to me, than a children's bureau would be to handle him. I think he ought to have the police—mounted police, if you will. He should be taught. He should be made to do his share.

But then think of the wonderful thing; think of the little child's arms around your neck. We people they call old maids, we upon whom God has laid burdens, do you think none of us have mother hearts? During the war I wrote the mothers many, many letters, writing at night, when I did not really have time, but I had many mothers write back to me from their faraway homes saying, "It is not only those who have borne children who have mother hearts; there are others who know."

And then always we go back to the most perfect law system of all, to Him who said that he setteth the solitary in families; that is for us; to Him who said, "Thy Maker is thy husband;" that is for us; to Him who said, "Ye must become as little children," and set the child in the midst of them. The whole Bible is on the family foundation—the father, mother, and little children all together.

And so there is, in one place, even what Paul said, who is said not to have approved of women—who said that women ought to keep silent in public—I was raised that way—Paul said, "The children thou hast given me." There is a little question about Paul; it was thought that he must have been a bachelor. I don't know. He was either an old bachelor or unhappily married, and I do not know which is the worst.

I see that I am talking all the jury away, so I think I shall have to stop. But I will tell you just one thing in ending, that I believe in constructive work. Do not

let us fight each other. One of the strangest things to me is how people with the same great purposes in view, with the same great hearts of love for humanity can look so cross-eyed at each other. Let us all get together.

Oh, I think the sweetest compliment that ever came to me was when one of my grandchildren—I have raised so many girls, you know, and have helped to make a great many layettes, and have felt the joy of making little garments for other people's babies. And in one of the last Red Cross movements where they had a great picture of a mother—the wonderful Red Cross mother—and on it it said "The Greatest Mother of Them All," and there was a little girl who was the daughter of a girl I had in my school family, and she looked at that and said, "No; that is not right; that is a mistake; Miss Alice is the greatest mother of them all; my mother said so."

Now, then, with our country so overburdened with taxes—I sit at the table daily beside a member of the Ways and Means Committee, and I see what those people are doing. Now they have taken up a new thing, and the question is where to tax; where to get the money. And do you realize that every cent we are spending, every cent we are appropriating out of the National Treasury must be raised by taxes? And sometimes I get impatient when I think of the things we could do without; we could make them do, if we would. Of course, we all take what we can get without paying for; at least, most of us do. I will not speak for all. But if we lay more taxes on our people, are we not going to deprive the mothers and children of the food, the housing, the comforts they ought to have which they may not be able to have with the burden of taxation continuing to increase?

You can say this bill is so little. That is what they say about many others. You know the story of the little child in Holland, where the dikes hold back the water for the protection of the country, and you remember the story of the little child, who going along one night heard the trickling of the drops of water, and he looked until in the moonlight he saw where down over the dike the water was beginning to come, and that wonderful child put his little finger in the hole in the dike through which the drops were coming through all the hours of the night the faithful little soldier stayed there, child that he was, preventing the enlarging of the hole. Had he not done so, it would have grown larger and larger and the dike would have gone. It is for us women to put our finger in the dike, perhaps, of this particular bill. I say nothing about it legally. Oh, I see you who want this shake your heads. We are always willing, like Artemus Ward, to wage the war with our wife's relatives. To let some one else do the saving.

I thank you, Mr. Chairman and gentlemen.

The CHAIRMAN. Does any member of the committee desire to ask Miss Robertson any question? [After a pause.] If not, we thank you for your statement, Miss Robertson.

The committee will now stand on recess until 2 o'clock this afternoon.

(Thereupon, at 1 o'clock and 5 minutes p. m., the committee stood on recess until 2 o'clock of the same day.)

AFTER RECESS.

The committee reassembled at 2 o'clock p. m., pursuant to recess.

The CHAIRMAN. Gentlemen, we will come to order. Judge Towner, will you take charge of the time for the afternoon, please.

Mr. TOWNER. Mr. Chairman, Miss Lathrop, whom I will call to the stand in just a moment, has just given me a copy of a letter which she has received from the Secretary of Labor, her chief, and I desire to read it into the record, because I think probably it is a very important matter to be considered in these hearings. It is dated to-day and reads as follows:

THE SECRETARY OF THE TREASURY,
Washington, July 23, 1921.

Hon. JAMES J. DAVIS,
Secretary of Labor, Washington, D. C.

MY DEAR MR. SECRETARY: In view of the conference held in your office this morning, at which were present the Secretary of Labor, the Assistant Secretary of the Treasury (acting for the Secretary, who is out of the city), the Chief of the Children's Bureau, and the Surgeon General of the Public Health Service, I am glad to assure you that there is no objection on the part of the Treasury Department to the administrative features of the Sheppard-Towner bill now before the Interstate and Foreign Commerce Committee of the House of Representatives. Should the bill be passed, the Public Health Service will render every assistance possible to the Children's Bureau.

Yours, with great respect,

EDWARD CLIFFORD,
Assistant Secretary.

Mr. RAYBURN. Who is that letter signed by?

Mr. TOWNER. By Edward Clifford, Assistant Secretary.

Mr. BARKLEY. Will you let me ask just one question there? Is he the Assistant Secretary of the Treasury who has charge of the Division of the Public Health Service?

Mr. TOWNER. Yes.

The CHAIRMAN. Apropos of that letter, Judge, could you state or find out who initiated the call for the meeting which was held?

Mr. TOWNER. I do not know. Perhaps Miss Lathrop can tell.

The CHAIRMAN. Perhaps she would be willing to.

STATEMENT OF MISS JULIA C. LATHROP, CHIEF OF THE CHILDREN'S BUREAU, DEPARTMENT OF LABOR.

Miss LATHROP. I think the Secretary of Labor talked with the Secretary of the Treasury about the matter.

The CHAIRMAN. On his own initiative?

Miss LATHROP. Well, none of his inferiors would have any dictation to him. He and I talked over the situation. It is a very great misfortune, the continued misunderstanding between the two bureaus, and he thought that consultation might be a good thing?

I scarcely know where to begin, Mr. Chairman, and yet I think, perhaps, in the interest of fair understanding I might venture to correct certain statements which indicate a lack either of common sense or regard for the amenities on the part of the Children's Bureau. And first I want to mention the suggestion of someone that the Children's Bureau did not invite the Public Health Service to participate in the standards of child welfare conferences which were held, at the conclusion of the long demonstration and investigations of Children's Year, in May and June of 1919. As the letter of transmittal of the proceedings states, the bureau invited the head of the Public Health Service, Dr. Rupert Blue, and the Commissioner of Education, Dr. Claxton, to act with it as a committee of arrangements. For some reason, doubtless an inadvertence, we received one reply from Dr. Blue, and he did not act.

However, I believe that members of the Public Health Service did attend the sessions, and I know that one of the ablest papers we had was by Dr. Leigh, of the Public Health Service.

I wish to speak about the charge of bolshevism, anarchism, and socialism against the Children's Bureau, based on the publication of Maternity Benefit Systems in Certain Foreign Countries, by Henry J. Harris. I think as one connected with the bureau—and if I may I shall review as briefly as possible the growth of the bureau—but I want to get this out of the way—as one connected with the bureau and desiring to discover whether public arrangements for the protection of maternity and infancy were usual in the world and were valuable to mothers and children, it was plainly our duty to go to that part of the world where old governments had for long years had such legal provisions, and Henry J. Harris, who is Chief of the Document Division of the Library of Congress and formerly a statistical expert in the Government service, was secured to prepare this study. It is written in what I believe any candid and intelligent reader would consider a scientific and impartial spirit.

In the letter of transmittal I have stated that the section on Russia is now of historical interest only. Because of various limitations in our own force it was not possible for us to publish the volume for between one and two years after it was really prepared.

As to Madam Kollontai's book, which has been referred to, it was published in 1916 at Petrograd. All that it states as to Russia was concerning the Czar's Russia and her own relation to Russia was that of a subject of the Czar. The book has absolutely nothing to do with the revolution which began in 1917. Undoubtedly her compilation was the most voluminous and perhaps complete collection of material extant at the time the bureau study was written. It was properly included in the bibliography.

Madame Kollontai seems to have traveled very largely and everywhere to have gathered information on this particular subject and to have published it. Indeed, there was a request that the Children's Bureau should republish, but after our translators had looked at the material it did not seem advisable to undertake so costly a piece of work, because we could in more brief manner present all that was necessary and from more original sources. This, of course, was all before the present revolutionary movement.

Mr. NEWTON. May I interrupt there? In the examination of this matter, did you read the translation yourself? That is, are you familiar with the book itself?

Miss LATHROP. No. We had a Russian—the book is in Russian; it has not been translated into English. Our translator examined it, and it was reported as a mass of material chiefly, I think composed of documents.

Mr. NEWTON. Does it represent a sort of résumé of the various maternity benefit systems in European countries?

Miss LATHROP. Yes.

Mr. NEWTON. And in it does the author advocate the adoption of any one or all of these systems?

Miss LATHROP. As I understood, it was a mere compilation of material.

Mr. NEWTON. A study?

Miss LATHROP. Yes.

Mr. NEWTON. Is there anything in it by way of nationalization of children or anything hinting along that line at all?

Miss LATHROP. Well, I have no reason to suppose that there was.

Mr. NEWTON. You know of no such?

(At this point Mr. Barkley took the chair.)

Miss LATHROP. I know of no such. I think it would have been sensational enough at that time so that any translator would have reported it.

Because of the connection that has been sought to be made between the maternity benefits of foreign countries and the measure before this committee I feel I ought to state briefly why these maternity benefits were developed.

Now, like a few of our States, some three or four of the industrial States, in Europe in practically all the industrial countries work before and after childbirth was and is prohibited, and the moment that you prohibit a working woman who has a household and who has young children from working, you are undoubtedly prohibiting somebody who is poor enough, so that her food is going to be lessened if she stops working, and there came at once to those people the necessity of making some provision for this period, and also for the care which was necessary; and it is of that necessity—and indeed with an effort for humanity—that the provisions of the European countries have been made. It is a very interesting study.

We have studied the different systems and have differentiated upon them, and we finally felt that, leaving aside what my personal opinion or any interest I should say was my own belief, that the American system ought not to be one of compulsion; we have finally thought that the measure which we are now presenting here might be one which would so stimulate localities, so provide facilities, that we should escape the cumbersome character of these maternity benefits with their compulsory features.

Mr. NEWTON. May I ask right there—or possibly you would rather answer it later—I differentiate between the plan that is set forth here in this particular bill and those of the European systems, where there is an endowment of motherhood or the payment of wages. I think there is a great difference. Do you not think so?

Mis LATHROP. We think so.

Mr. NEWTON. I would be interested in getting your own view in reference to the European system, as to whether or not you think there is any occasion to use that here in this country.

Miss LATHROP. I see no reason at present. It ought to be the very last resort, in my opinion, and it is, of course, true, if we may judge by the varying experiences of England, of Australia, and of New Zealand, that the cash allowances have not proved wholly satisfactory. The most brilliant example of a nation which has protected the lives of infants—I am not talking now about maternity benefits—that has most effectively protected infancy, so that for many years it has the lowest infant death rate in the world, is one which provides facilities and whose insurance system is so slight that it may be regarded as a negligible factor.

What has driven that rate down year after year and year after year is that the Government has subsidized this private society for the preservation of the health of women and children; that it has furnished publications that the society in turn has had in the press of that country so that the most recalcitrant parent could hardly dodge it—steady, interesting information as to the care and health of young children, and that the society has also kept trained, specially trained, nurses in the field, known as the "Plunkett nurses," and that at present in addition to all this the State has now set up two maternity hospitals, which it does not expect to be charity hospitals but pay hospitals, and that the society has a hospital, just a little country hospital, for the care of children, to which the mother goes with the child and learns with it, as the child is treated, how to care for the child. There is great nicety and skill and of course some expense about these provisions, but there is no hint either of pauperizing or of money benefit.

One of the distinguished officials of New Zealand was here not long ago and was asked about the Plunkett nurses, and he said, 'I think very highly of those nurses, as their field nurses are called. My grandson prospered greatly under them." The New Zealand educational service is available for all.

Now, in view of the suggestion of duplication, I have thought that I might briefly set forth the principles which govern the Children's Bureau, and which, perhaps, as I said before, will explain the apparent duplication.

The bureau was created in 1912 to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people. It was created at a time when there had been for years a Bureau of Education in the Department of the Interior, and for years a Public Health Service under the Treasury, bear the same legal relation to the Treasury that the Children's Bureau bears to the Department of Labor. I take it that the long campaign for the creation of the Children's Bureau, a bureau to investigate and report upon all matters pertaining to the welfare of children, reveals an almost unconscious public belief that the child can not be parceled out among the sciencies, that the interest of child welfare involve many sciences, and that somehow the social field must be covered by a recognition of all these activities and by a wise and intelligent cooperation with special kinds of science, like education and medicine.

When I came into the Children's Bureau I realized the breadth of the bureau's charter and the existence of these older services, and I early called upon the commissioner of education and the head of the Public Health Service, to invite aid and cooperation.

From time to time I advised with the Public Health Service and I submitted the plan for the bureau's first field study—that into infant mortality—to the then head of the Public Health Service, who said—I think I can almost remember exactly his words—"The plan is new. It has not been tried. The result would be valuable, and we do not expect to undertake it."

We therefore began the series of studies of infant mortality not yet concluded, which discuss the social, economic, civic, and family factors surrounding children in the first year of life. We remembered all the time as we went from house to house that the law forbids any agent of the bureau to enter any house against the will of the person who is at the head of the family, and while we have visited some 24,000 mothers in the course of that inquiry, I think we had 14 refusals to give information. It was a touching and important fact that we were welcome. These mothers of every social class, because we have no rule except that every mother of every baby born in a given town in a given year is visited, said they were glad that the Government was trying to find out how to help save the life of the children, and they wanted to help in any way they could.

I believe the idea that there will be resentment throughout the country if this bill becomes law is entirely unfounded. I am sure other services, like the Bureau of Education and the Public Health Service, have exactly the same experiences as the Children's Bureau has, that the people of the country intelligently desire that the Government shall gather and distribute information on topics which are of practical importance, and such the welfare of children certainly is.

Nothing that the Children's Bureau has published has been so popular as those pamphlets addressed to the individual mother. We have never been able to supply the demand.

In view of the reference yesterday to the pamphlet published by the Public Health Service entitled "Care of the Baby," I will explain how duplication of pamphlets between the Children's Bureau and the Public Health Service has come about. The Children's Bureau submitted its manuscript on child care to the Public Health Service, which had then no publication of the same character. Earlier the Children's Bureau had been offered a small pamphlet on the care of the baby, written by a group of pediatrists, but the then chief clerk of the Department of Commerce and Labor decided that the Children's Bureau could not accept this pamphlet and publish it under the rules of the department. Therefore the bureau prepared a pamphlet of its own.

Later, after our pamphlet was in type, I learned that this care of the baby pamphlet had been taken by the Public Health Service and had been published by it without consulting the bureau although by that time we had a new chief clerk who construed the law differently, and we could have taken it. Plainly there was no duplication on the bureau's part. Other instances of more serious nature might be noted, but I would much rather dwell on the cooperation which has been possible between the Public Health Service and the Children's Bureau than upon any duplication which, however ill advised, has never begun to serve the country as it served to be served. We have had repeated opportunities on studies to cooperate with them in. In one study the Public Health Service furnished, for instance, a physician to make the mental examination while the bureau made the social study that we made for the State of Delaware, in cooperation not only with the Public Health Service but also with the Bureau of Education, upon an inquiry made at the request of the officials of Delaware.

In another case the bureau furnished a special agent for a war study of the delinquent girl by the Public Health Service. Other pieces of cooperation could be mentioned.

I think the most important point at present in connection with this bill is the question of whether there is a kind of cooperation between these bureaus in the Government which is scientific, effective, and economical, or whether it is better for us all to go our separate ways. I am satisfied by the experience of the Children's Bureau that we can not go our separate ways without steadily encroaching upon each other's fields. While we had no doctor at first on the staff of the bureau and therefore were forced to make a social and eocnomic stldy of infant mortality, revealing as it did that ugly coincidence of low income and high infant mortality rates, we were eager to have the correction and the advice of medical persons, and when our bureau was first enlarged we at once set up a Division of Child Hygiene, not only because we wished that division to make studies, but because we wished to have at hand a physician whose advice upon studies in the indistrial and in the social fields was immediately available.

I am sure that there might be methods of cooperation evolved. I believe that the letter which has been read indicates the beginning of coordinated activities which will take away from all of us the reproach under which we seem to lie, of having failed to make the most of each other's highly specialized facilities.

I wish to say one more word about doctors. It has been indicated that the Children's Bureau was a bureau not able to understand the value of the medical profession. Of course that is very far from true. We have been fortunate enough to have not only a medical staff for the last seven years, but we have the advice and aid of many of the most distinguished men in the country.

I would like to pay a tribute to a man who has never been publicly mentioned in connection with Government work to my knowledge. One of the first and most difficult things the bureau has attempted was its pamphlet on pre-natal care. This is practically a résumé of a book by Dr. John Slemmons, a distinguished authority in that field. He most generously gave the gist of his new book for the bureau publication and advised Mrs. Max West in writing her compact, simple pamphlet. This report has met a genuine need and has an increasing circulation, base entirely upon actual requests. No man of science has given a more patriotic contribution to the Government's work for child welfare than was given by that piece of medical cooperation.

Now, as we go along, trying for cooperation, we find, as Mrs. Putnam very eloquently pointed out yesterday, that somehow the doctors are too scarce and too precious to be used for mere organization; that lay people must make it possible for doctors and nurses to do their work. I think we shall find also that there is more and more a tendency to demand special equipment for special pieces of work, even if the specialist is not found in just the usual category. To illustrate: The head of the English ministry of health is to-day a barrister, Sir Alfred Mound, who was chosen because in England the greatest question to-day in public health in social decency and therefore in child welfare is the housing question, and he is an acknowledged authority on housing.

The head of the Boston Dispensary for years has been Mr. Michael Davis. From his new book called "Immigrant Health and the Community," I quote a paragraph on "The cooperation of the layman," which I might possibly read, though I do not know that I ought to take your time to read this page or two. It is to the effect—it discusses the subject on the basis of the immigrant woman and the heavy death rate of women in child birth, which is shockingly large, as he says, as compared to that of most other civilized countries, and it dwells on the cooperation which he believes to be necessary between the lay and the professional persons in order to give the professional people their chance to make the most of their costly education. Perhaps I would be allowed to put it in the record, if you care to have it.

The CHAIRMAN. Put in what you think is fair.

Miss LATHROP. I can put in a paragraph, if that is agreeable.

The CHAIRMAN. Very well.

(The matter referred to follows:)

"It is well at this point to observe how little the general American public realizes that maternity care is a problem; that in America, even among the native born, the death rate of women in childbirth or from causes directly due to childbirth is shockingly large compared to that of most other civilized countries. * * *

"The people who do use the midwife, the people who do call in the obstetrical teaching service, are the immigrants and the poor; but these have not made known their experience because they rarely have access to the channels of public expression. The specialists have conducted a discussion, chiefly within their own circles. The Federal Children's Bureau has recently been showing in its publications the high

rate of maternal mortality in the United States and the grave deficiencies in service to mothers at confinement, discovered in its surveys of rural communities and of towns. These facts are just beginning to filter into lay journals and to receive the attention of public meetings, women's clubs, and other groups wherein plain people come together.

"It is well that this is beginning to be so, for whatever policy medical men, health workers, nurses, students, and surveyors may decide upon, in so large a matter as maternity care for the women of this country a program can be effective only if there is a general appreciation of the facts on the part of the public, a keen sense of the needs that must be met, and an aroused discontent with conditions that must be bettered."

Miss LATHROP. There has been much talk about the statistics involved. I have ventured to prepare, but not ventured to lay upon your desk, a statement as to the figures on which our own tabulations are made, as to the risk rate of mothers and infants, together with the authorities which we have consulted. I believe that it is sound, and there has been a curious confirmation in an article by William Travis Howard, who is a distinguished member of the staff of Johns Hopkins, a brother-in-law of Dr. Whitridge Williams, entitled "The risk rate of death to mothers from causes connected with childbirth." We have never said things as extreme as he has said as to the unnecessary loss of life from that cause.

The rural question has been somewhat put aside here on the theory that the rural rates seem to be a little better than the urban rates, but serious questions are covered by the averages of rural and urban rates. It is true that of the 22 States and the District of Columbia constituting the registration area, 16 show rural areas more favorable than the urban areas; but on the whole the differences are slight, and we begin to wonder what is the matter with the country, because here is that part of our country which we always say brings the vigor and strength to reinforce the greedy and exhausting cup of the city, and it is possible that it is getting to be less vigorous than it was. I believe the truth is that there are areas of the country which are extremely favorable, favorable beyond anything the city can offer, and other areas of a singularly unfavorable type.

I have tried to illustrate this question of rates in favorable and unfavorable areas by a summation of material in our infant-mortality studies, in which we took certain cities, Baltimore, Gary, Akron, Saginaw, Waterbury, Boston, New Bedford, Manchester, and Johnstown, and we took the rate for the entire city, and then the rates which on the map are the rates of most congestion, of poorest incomes, ignorant industrial population—and they always seem to be perfectly separable out from the rest—and we took those rates in those cities, unfavorable districts as we call them, and then in the favorable districts, and the favorable districts were, of course, those districts where people live where the sanitation was the best, where the incomes were the best, where there was the comfortable life and the openness of housing which we get in our fine residential neighborhoods in all but a very few of the most crowded cities and in all the rural areas, and there the rates came down to 66 in Baltimore, to 84 in Gary, to 54 in Akron, and so on; whereas the rates in the unfavorable areas were more than twice as much in every case—not more than twice as much in one case, but approximately that—very markedly greater.

MEMORANDUM CONCERNING THE STATISTICS OF MATERNAL MORTALITY.

The statistics of maternal mortality are compiled directly from official sources by dividing the number of deaths from all puerperal causes by the number of live births. They are therefore based upon the best evidence that can be secured upon this subject. According to statistics based upon this material, the United States stands seventeenth in a list of important countries for which figures can be obtained.

Figures for the United States related to the birth registration area only, which in 1919 included 22 States and the District of Columbia, with an estimated population of 58.6 per cent of the total population of the United States.

The rate for the United States birth registration area was nearly 20 per cent higher than the next highest rate—that for Scotland—and considerably over 200 per cent higher than the rates for Italy, Norway, or Sweden.

A slightly more accurate way of stating maternal mortality would be per thousand confinements instead of per thousand live births. But the number of confinements is only about 3 or 4 per cent more than the number of live births, and for purposes of comparison between the countries the number of live births is the most satisfactory basis. No figures showing the number of confinements are available for the United States birth registration area for 1919.

The figures shown are in each case the latest available figures for the country in question. If figures were available for each country for 1919, slight differences might

occur in rates for certain of the countries. The United States, however, has a rate so far above those of other countries that the position of the United States would not be affected if rates for 1919 were available for all the countries.

In the last analysis the accuracy of these statistics depends upon the completeness of registration on the one hand and the accuracy of certification of cause of death upon the other. On both counts the figures of western European countries are probably better than those of the United States. Registration of births and deaths has been compulsory for a much longer period in other countries than in the United States; for example, in England since 1870, in New Zealand since 1855, while in the United States some States still lack adequate registration laws or adequate enforcement of the laws they have. As to the accuracy of certification of causes of death, the evidence available indicates that if the causes of death were all correctly certified in the United States as well as in all other countries, the position of the United States in regard to maternal mortality rate would still be worse than that of a number of other advanced countries and much worse than there is any need for it to be if the knowledge now available in regard to prevention of these deaths were put to effective use.

Maternal mortality rates per 1,000 births.

[Rates for latest available year up to 1919.]

Italy (1915) (Annuarie Statistico Italiano, 1916)	2.2
Norway (1915) (Annuaire International de Statistique, Tome II, 1917))	2.7
Sweden (1915) (Annuaire Statistique de la Suède, 1919)	2.9
The Netherlands (1919) (Annuaire Statistique du Royaume Pays-Bas, 1919)	3.4
Prussia (1914) (Statistisches Jahrbuch für den Preussischen Staat, 1915)	3.5
Japan (1916) (Mouvement de la population de l'Empire du Japon, 1916)	3.5
Finland (1916) (Annuaire Statistique de Finlande, 1918)	3.6
Hungary (1915) (Annuaire International de Statistique, Tome II, 1917)	4.0
England and Wales (1919) (Annual report of the Registrar-General of England and Wales, 1919)	4.4
France (1913) (Annuaire International de Statistique, Tome II, 1917)	4.6
Australia (1918) (Official year-book of the Commonwealth of Australia, 1919)	4.7
Ireland (1918) (Annual report of the Registrar-General of Ireland, 1918)	4.8
New Zealand (1919) (Statistics of the Dominion of New Zealand, 1919, Vol. 1)	5.1
Spain (1915) (Anuario Estadistico de España, 1917)	5.2
Switzerland (1915) (Annuaire Statistique de la Suisse, 1916)	5.5
Scotland (1919) (Annual report of the Registrar-General for Scotland, 1919)	6.2
United States (Birth Registration Area) (1919) (United States Birth Statistics, 1919, and Mortality Statistics, 1919)	7.4

The bureau has been asked to go into some of these extreme rural areas. We did go to some of them, into what is left of the extreme western homesteading area of the United States, and it was very clear after we had made a few studies that the reports that had come to us were not exaggerated. The bureau's rural study shows areas where native intelligent people are so isolated and cut off, in the slow development of the country, that they can not get unaided the care which the mothers need, while world settlements of immigrants often remain even more lonely and apart. Hence, if we are going to give all the children of the country a fair chance, we must not be satisfied with rural rates a little better than urban rates, but must realize that there are areas where much can be done to bring the rural rate down to rates which we can not yet imagine—perhaps we can not get down to where New Zealand is, but perhaps at any rate we can bring all of our States down to where our most favorable areas are.

Now, it is to undertake to do some of this equalizing work by the means with which you are all familiar in that bill that this bill has been created and the Children's Bureau has come along to the drafting of that bill, not, I think, because necessarily that would have been the thing that we would do, but because after we had worked for years seeing yearly coming up to us more and more a conclusive proof that mothers and children were dying needlessly in this country, more and more a conviction that we ought to try to get some means which could be dignified as the school and yet not burdensome financially, that we finally felt it was as undignified for the bureau not to try to study out some method of dealing with the question as it would be if we did not make the original studies, and so we have submitted this plan. Whether it is the best plan we do not know. I believe that there are features in it which make it a plan which will enlist great public interest. I believe it is a plan which will enlist enought public interest so that gradually communities will provide and control locally those facilities which are absolutely necessary, if mothers' lives and children's lives are to be saved.

And above all I believe that it does, or will do, what it is certainly intended to do; that it will stimulate the medical profession; that it will stimulate the nursing profession; that the popular understanding in this country of what a fine physician means in this field, of what adequate nursing means in this field, is the first step towards getting out medical schools, our nurses training schools, properly financed to educate the young people who can and will do this work. And if these young men and young women see there is a field, one of honor and opportunity, we shall not lack, as we have been told in this hearing we lack at present, an adequate number of candidates either in our medical schools or in our schools of nursing.

The part that the Children's Bureau has to play in this is a very small part.

There has been a great deal said here about the fact that the bureau might destroy any plan of any State. I do not know whether any legislation could be good for anything if it were so tight that it left nothing to the discretion of the people who were to administer it, especially if it were in a field like this, in which we have 48 States with different needs, different constitutions, different organizations, different opportunities for work, different classes of population.

The reason that this bill was left as it was, after stating very succinctly the limits of the type of education and demonstration that should be given, was because of the wide differences in the needs of the 48 States. It seemed imperative that there should be the greatest elasticity in allowing the States to proceed in the way which was locally deemed wisest.

I think that is all I care to say, Mr. Chairman.

The CHAIRMAN. Does any member of the Committee desire to ask Miss Lathrop any questions?

Mr. DENISON. Mr. Chairman, I did want to ask one or two questions, but I got in too late to hear Miss Lathrop's remarks, and I do not know whether you have covered the points I want or not. But I will take the chance of asking you this question, whether or not you believe, Miss Lathrop, in the principle of maternity benefits as it is exemplified in foreign countries?

Miss LATHROP. I have answered that question at length, Mr. Denison, and I tried to say that I very much deprecated the compulsory features, and that I agree with those who feel that compulsion in not consonant with American ways of doing things. This bill is offered as an effort to provide a substitute more consonant with American ideas.

Mr. DENISON. I was not interested in the compulsory feature of it at all, but I was wondering if you were in favor of what I——

Miss LATHROP (interposing). Cash benefits?

Mr. DENISON. What I call "maternity benefits;" that is, the Government providing some kind of maternity benefits for the mothers.

Miss LATHROP. You mean the Federal Government, or any government?

Mr. DENISON. I will limit this question to the Federal Government, yes.

Miss LATHROP. Do I approve, or advocate the Federal Government providing actual physical care for motherhood?

Mr. DENISON. Well, in some countries it takes the form of governmental contribution of money to the mother during the period of child bearing.

Miss LATHROP. Yes, in England, a cash benefit is provided under the compulsory insurance act. In Australia a sum is given outright on the birth of a living child. I am not in favor of either plan here.

Mr. DENISON. In other countries it takes the form of wages; in other countries it may take some different form, but in some form or another, it is a governmental contribution to the mother of financial aid during that period.

Miss LATHROP. The bureau studies of infant mortality indicate the importance of a man's getting wages enough to support his wife and his young children; and if the country has that it will not have to endow motherhood.

Mr. DENISON. Well, I would not class information as maternity benefit; I make that distinction, and such information as may be conveyed to the women generally under it, in the form of publications or in the form of lectures or instructions that is general and applies to all of the communities alike. I do not call that a maternity benefit; but what I refer to as a maternity benefit is a contribution of a financial nature to particular or individual mothers during that period. Now, what I want to know is, do you indorse that principle or are you opposed to it?

Miss LATHROP. I am opposed to it, because I am in favor of getting the income up to a level where it will not be necessary. The reason they had it in Europe was because they were so terribly poor.

Mr. DENISON. Yes, but suppose that income does not get to the point where mothers will not need financial aid. Under those circumstances—and I am assuming that that condition always has existed and always will exist, because the poor we will always have with us and there will always be poor people who can not afford nurses,

and in some instances might not be able to afford physicians—that is a condition which exists in all countries, always has existed, and always will. Now, then, assuming that that condition will continue to exist, do you think that the Government ought to step in and attempt to equalize those conditions to some extent, at least to the extent of some sort of governmental aid in a financial way to the mothers under those conditions?

Miss LATHROP. I have never thought of it just in that way. Of course, you know what does happen in our States, that when people are absolutely poverty stricken they go to our poorhouses and they get awfully bad care, and generally it is a costly and poor way for the community, judged by human results.

Mr. DENISON. But the ordinary—as I understand it, the ordinary way, the usual way that those problems are met now in this country, is through some form of voluntary contribution or charitable organization which for humanitarian reasons, out of public spirit, is generally on the lookout for distressing cases, and we generally get aid to them through voluntary contributions or through local organizations. Now I know we are all in favor of that wherever there is need, but that is a different principle entirely from that aid being furnished by the Government through a system of taxation, and I was wanting to know—interested in knowing from you, because there are some who are favoring this bill and have been promoting it who do believe in the so-called "maternity benefits"—and I was wanting to know whether anyone connected with the Government has those views or believes in that principle.

Miss LATHROP. Personally, I have never advocated, and see no reason to, and the bureau has certainly never even discussed the matter. I can say further that I think the history of those cash benefits shows a good deal of ineffectiveness. Usually they are offered instead of the facilities which the person really needs, and they do not bring the facilities any closer to the person.

Mr. DENISON. Well, perhaps the question I asked was prompted by the statement in the pamphlet which the bureau issued, which after reviewing these various systems of maternity benefits in other countries, made the remark that the work done in these countries is "impressive?" Now that was the language used by the pamphlet—"impressive"—and I was wondering whether that carried with it any sort of indorsement or recommendation of those systems.

Miss LATHROP. It was not intended as an indorsement. It calls attention to a remarkable fact. I am speaking for myself now and not for the bureau.

Mr. DENISON. I would like you to speak for yourself and speak for your associates in the bureau if you can.

Miss LATHROP. I do not know that I can, always. But speaking for myself, I should say that this bill is a protest against this stage of American civilization, forcing back our industrial population into the proneness which those continental methods were created to aid. It was said here yesterday by somebody, as if we were advocating it, that there was a provision in old Russia, under the Czar, that there should be a midwife wherever there were 100 women. Now, the old method of factory labor was a living-in, as we say, the work people lived within the factory. There was practically a colony of workers living under control of the factory, and the provision came from that. I do not know whether this fact is of interest, but it shows a standard of life which is alien to us, and explains a matter which was referred to by a witness.

Mr. DENISON. I have noticed in some publications here in this country, publications that are issued by parties who are urging this legislation, statements to the effect that the time is soon coming and ought to be hurried when the Government will pay the wages to the mother during the period of childbearing.

Miss LATHROP. Mr. Denison, you did not see that in anything the bureau has published.

Mr. DENISON. No; I was saying it is by publications issued by those who are urging most forcefully this legislation, and that is what prompted me to ask the question of you, because I want to know, and I am sure the other members of the committee do also, whether or not the Children's Bureau indorses to any extent such a principle as that.

Miss LATHROP. I do not know the publications to which you refer. As far as I know or represent the bureau, it does not support this doctrine; and if friends do it, sometimes friends are almost more dangerous than enemies.

Mr. DENISON. I think in this case they are. It has been proven so.

Miss LATHROP. You can not be responsible for that.

Mr. DENISON. No; I know that.

Mr. NEWTON. Miss Lathrop, something further along the line that Mr. Denison has been following:

Is this Miss Todd—I think it is Miss Helen Todd—did she ever have anything to do with the bureau?

Miss LATHROP. In no way.

Mr. NEWTON. Her name was referred to by some one here as chairman of some birth-control league, I believe, and I notice extracts from some of her sayings that are extremely radical. Has she ever in any way been consulted in connection with the policy of the bureau.

Miss LATHROP. She has not, so far as I know.

Mr. NEWTON. Or did anyone ever claim with any possible show of reason at all, that she in any way has been conferred with in reference to the policy of the bureau?

Miss LATHROP. I think nobody except the witness yesterday.

Mr. NEWTON. I notice the statement here taken from the "Woman Patriot," under the heading "The family," which says:

"Way back in 1910 Dr. Anna Howard Shaw, then president of the National American Woman's Suffrage Association, declared: 'I would like to make motherhood a governmental institution. I would pension all mothers and have them provided for first to last by the State. I believe that motherhood should be independent of any man.'"

Now it is rather hard to follow her reasoning.

Miss LATHROP. I don't think it is very fair, do you, to take a sentence which may or may not have been said by one of the noblest and sanest patriots this country ever had, and offer it in a context which makes it absurd?

Mr. NEWTON. I don't know, but it is pretty hard for me to reconcile that even with or without the context.

Miss LATHROP. I don't believe that she ever said it in any sense in which it was sought to be shown there. I should want to be shown.

Mr. NEWTON. I hope she never said it.

Now, here is an extract from Miss Alice Paul, whom we have heard more or less of here in Washington. It purports to be a statement of hers in the Washington Herald, October 25, 1920, and it sounds as if this might be true:

"We intend to insist also that the State assume entire responsibility for the maintenance and education of children until they become of age. When the women of the world have junked the battleships and other impedimenta of war, enough money will be released to take care of these reforms."

Miss LATHROP. Well, she did not include the Children's Bureau in that editorial, did she? [Laughter.]

Mr. NEWTON. No. Here is still another one, by Mrs. Harriet Stanton Blatch, daughter of Elizabeth Cady Stanton:

"Every woman, whether the wife of a millionaire or a day laborer, will in the world builded by women, be made to feel that society honors motherhood sufficiently to place it above all sordid considerations."

There are several more such extracts from women who have been more or less prominent of late in connection with the change that has brought about suffrage. Now there is a well-grounded fear among lots of people who believe that the State—and by the State I mean in its broad sense—ought to do more than it has been doing for the mother and for the child, but who fear that some of those who are advocating such extreme measures of this kind, that are so distasteful, that are so foreign to our way of looking at things, that the adoption of a measure of this kind will be sort of commencing a program such as is indicated by the statements that I have quoted.

Miss LATHROP. May I say that personally I think that is a small group. None of them chance to be, with the exception of Anna Howard Shaw, whom I think we should eliminate, among those who have been supporters or counselors of the bureau, and I believe that any such dread is ill-founded.

Mr. NEWTON. I take it then that outside of Dr. Shaw none of these have in any way, shape, or form, directly or indirectly, been advisers of the bureau or anyone in the bureau having anything to do with shaping the policy of the bureau?

Miss LATHROP. No, I think that is entirely true.

Mr. NEWTON. Now I have interrupted you. Please go ahead with your statement.

Miss LATHROP. No; I just wanted to say, going back again to this social aspect of this matter, that the reason that we have got to have this cooperation is not to get the Government to do things for the family. It is to create a family that can do things for itself; it is to get parents who know what their children need, who are good and wise and can secure a decent living; who know when they need a doctor and will have him; who will know when they need public health and will help to pay for it gladly, and who know what kind of a school they want their children to go to, and will help to create that and pay for that.

The whole question of society, it seems to me, is involved, and whether we want a society which magnifies the family and makes the family more and more responsible for it elf as a unit, instead of putting on outside activities, to take any share of that responsibility away.

Mr. HOCH. Miss Lathrop, we all recognize, I take it, that the problems of motherhood and of childhood are, as you have said, and others have said, sociological and economical and medical; but is it not true that as far as this particular bill is concerned it is directed to that feature of the problem, the welfare of mothers and children, which is essentially medical? It provides in the opening paragraph that this money is for the purpose of cooperating with the States in promoting the care of maternity and infancy, to provide instruction in the hygiene of maternity and infancy.

Miss LATHROP. Now, that is to provide instruction by qualified persons, originally and undoubtedly chiefly doctors, and under them by nurses, and then by teachers and by social workers. There are very well qualified people who are not physicians, in the public-health field. The head of one of the great public-health schools in this country, Yale, is not a doctor.

Mr. HOCH. Yes; so that we recognize that this bill is for the purpose of furnishing particularly and essentially medical health—that is, I use the word "medical" in the very broad sense—the care of the body, essentially.

Miss LATHROP. Yes.

Mr. HOCH. The care of expectant mothers, prenatal care, and of the child, particularly the very young child; and for that reason the administration of this fund is vested in the State boards of health. That is true, is it not?

Miss LATHROP. Yes.

Mr. HOCH. That, therefore, seems a plain recognition all the way through the bill that the purpose is medical, so far as this bill is concerned, not that the others are not equally important or possibly of greater importance, and your bureau has a large work to do in those other fields, but this bill is essentially medical. That being true, what objection is there to providing that the supervision, as far as the Federal Government is concerned, of this fund shall be in the hands of a board which is more essentially a medical board than your bureau is?

Miss LATHROP. The feeling of those who believe that the administration will be most productive of results in the Children's Bureau is that the Children's Bureau has already a very wide acquaintance throughout the country with people who are acquainted with it and accustomed to cooperate with it, and it will be easier for it to secure the sort of popular good will and understanding that would help to increase the local facilities than if it were a purely medical measure. Perhaps we are mistaken. At no point is the use of compulsion contemplated, but it is provided in the bill that the State boards may have advisory committees of men and women, both State and local, hoping that with cooperative activities of that kind whatever the localities need will be locally furnished and controlled. Now you can not go into any locality without finding that there are economic and social factors which are also involved. I think that has never been quite so well set out in my hearing or reading as it was by Miss Fox at the previous hearing before this committee—and I regret that Miss Fox had to leave town before there was an opportunity for her to speak. She pointed out how the nurse herself found that the problems which must be met before nursing care or medical care could be made effective were largely social and economic and family problems.

Mr. HOCH. I can well understand, as far as the independent work of your bureau is concerned, that it involves that cooperation with the various persons and organizations within the State; but as far as this bill is concerned, wherein would your bureau have any cooperation of which you speak, aside from the cooperation with the State agencies, which are the State boards of health that are to administer the fund provided for in this bill?

Miss LATHROP. Of course there is opportunity for great voluntary cooperation. I also feel that it would be unfortunate if this bill, with all its connections, social and educational, its special rural bearing, and the connection with the Bureau of Education, which as work developed I think would be quite as close as with the Public Health Service—that it would be unfortunate to have it all absorbed under a medical head, just as I think it would be unfortunate to have it all absorbed under the Bureau of Eduaction. Both bureaus have felt earlier—perhaps they were right—that the Children's Bureau with all its facilities should have been put under one or the other; but I believe that the separate social activity which does secure cooperation of both medicine and teaching, and of a large social field besides, will get the largest public effect and response.

(At this point Mr. Barkley took the chair.)

Mr. HOCH. You have spoken with reference to the advantage which would exist in having this work in your bureau by virtue of the fact that you have established in the past connections with organizations and persons in the States, and have a starting point. Now, under the same reasoning might we not say that inasmuch as this fund is to be administered through the State boards of health, that the Federal Board of

Health would have that advantage by virtue of the fact that it had established very close relations with these State boards of health, who are the cooperative agency, so far as this bill is concerned? They have cooperation which your bureau has not had.

Miss LATHROP. And perhaps that is true, but of course we would like to give them a little social leaven, so to speak.

Mr. HOCH. Well, wherein is that social leaven provided for in this bill? I am in hearty sympathy with that social leaven of which you speak, but we are talking now about a particular bill. Wherein is that provided for in the fund, which of course is the heart of this bill, the appropriation of money to the States to be used by the States under a plan which has the approval of a Federal agency? That is the heart of this bill, as I understand it.

Miss LATHROP. Now, we state that that care can not be given solely as a matter of medicine, nor even as a matter of public health; but that it must enlist other interests in the country; first, because it is not entirely medical; and secondly, because there must be more money provided for medical and nursing care in many of our communities than is possible to get from public sources, and that must depend on the good will of the society of the various communities, just as has been pointed out in the extract from Davis's book.

Mr. HOCH. Now, if your surmise is correct—and there is much force in it as it appeals to me—doesn't the bill then fall down in the very essential regard, in that when it comes to administer the fund which is part of the proposition, you provide for administering it through a medical board, a State board of health?

Miss LATHROP. No, I think not, Mr. Hoch. You see all these child-hygiene divisions, with the exception of eight, came into existence following and probably because of the publicity and the general interest which was created by children's year, the second year that we were in the war. There are now 38 of them. Dr. Rudd, director of the bureau's Child Hygiene Division, is in constant correspondence with them. I ought to add that the bureau has done much work for years at the request of State boards of health and in cooperation with them. We have not had money enough to do what the Public Health Service has gone in and done very handsomely, but we have a natural and intimate connection with what might be called "socialized medicine" through the State boards of health.

Mr. HOCH. What reason have you to expect that State boards of health in the administration of this fund will be any more alert to the social and economic aspects of the problem than the Federal Board of Health would be in approving the plans that would be carried out by the State boards of health?

Miss LATHROP. Some of them—I do not know that they would be any more effective than the Federal boards—but some of them have already made many connections, secured much help from the bureau, and are very cordially disposed toward the bureau. I think they have a feeling of the value of the bureau as a social agency, which is reflected in a resolution of the State and Provincial health authorities that has been submitted for insertion in the record, indicating that they desire to see the administration lodged in the Children's Bureau.

Mr. HOCH. I do not want to force you into a position where you might be embarrassed by any criticism of another agency of the Government, but this is a matter of very great interest to me in connection with this bill, and you may answer this or not:

Do you fear that a Federal board of health would not be alert to the sociological and economic aspects of this problem in approving plans for the expenditure of this money?

Miss LATHROP. I do not want to admit any fears, but I would call your attention to the fact that the plans are to be approved by a board on which a representative of the Public Health Service acts, on which a representative of the Department of Agriculture acts, he having already more than a thousand women agents doing welfare work.

Mr. HOCH. That is, assuming that we amend this bill and make it directory rather than—I mean, make it mandatory rather than directory. This bill simply gives the authority to provide a board.

Miss LATHROP. The Senate bill has changed the word "authorized" to "directed." And all the changes in the way of restricting the bureau and restricting the administration which are in that Senate bill are entirely acceptable to the bureau.

Mr. LEA. Miss Lathrop, I take it that the success of this act depends on cooperation both from the administrative side and from the standpoint of the public, does it not?

Miss LATHROP. I think so, sir.

Mr. LEA. Particularly the medical profession, whose cooperation you deem essential here, if I understand you?

Miss LATHROP. Yes, sir.

Mr. LEA. And you expect, if you administer this law, to fully avail yourself of the medical facilities that are necessary to perform the medical part of it?

Miss LATHROP. Yes, sir.

Mr. LEA. There is not any purpose or intention on your part to eliminate the physician from performing the physician's part?

Miss LATHROP. We want to create agencies which will make him free to perform it.

Mr. LEA. Now, the physicians represent a very limited and specialized portion of the public, where it is easy to get cooperation in their line of work. Isn't that so?

Miss LATHROP. Yes, sir.

Mr. LEA. On the other hand, looking at it from the standpoint of the cooperation of the public, which is absolutely essential to the success of this measure, what would be your idea of the value of your organization as compared with the health department in getting mass cooperation of the public?

Miss LATHROP. Well, that is an embarrassing question. Of course, I can not but feel that our organization is equipped to do that, and that we can do it. Perhaps I am mistaken in thinking we could do it as well or better than others, but I confess I do think that we are equipped to do it.

Mr. LEA. But the appeal that reaches the public must be strictly a human appeal.

Miss LATHROP. Primarily it should be.

Mr. LEA. Now, do you think the relations of your bureau to the public are such that you can make an appeal to the popular sentiment of the country in encouraging support as strongly as any organization could?

Miss LATHROP. I do not know. It has got to be a slow thing, whoever does it. It is a matter of growth. It is not easy, especially with the present financial situation in this country, to prophesy how rapidly we can make a bill like this operate to create new local facilities.

Mr. LEA. If you were placed in charge of the administration of this law, in a general way, to what extent do you think it would be necessary to dictate the policy of the State?

Miss LATHROP. If we were placed in charge of this bill to-morrow, the first thing we should do would be to correspond with all the States, with the governors, setting forth exactly the limitations of the bill and the limitations of the powers of the bureau, and with the State boards of health, asking them to submit what they thought was the wisest way in which they should use the money in that State; what was the most necessary. And undoubtedly there would be the greatest divergence in the reports, so that it would be practically impossible to make any one uniform plan, nor would it be in the least desirable; but if people are acting in good faith and are competent in the State, their plans ought to be supported and helped.

Mr. LEA. But the proper administration of this law from the Federal standpoint would require in some instances the vetoing of State plans, would it not?

Miss LATHROP. Well, I do not think it comes to a veto. That is a pretty formal thing. I think if things did not go well we would send somebody out there to see what was the matter, and work out some kind of a sensible compromise.

Mr. LEA. But that is the purpose of giving the Federal Government this power, to prevent the expenditure of this money on the plans that the Children's Bureau would not deem advisable.

Miss LATHROP. And, of course, this advisory overhead committee, and undoubtedly other advisory committees would be consulted. Of course, Mr. Lea, I think anybody who has watched those places in the various governmental units of this country, where subsidies are being given without any check or any responsibility, would all feel that however noble and generous the purpose was, there had been great waste and great disappointment in results. I do not think the Federal Government could well offer gifts without asking to be assured that they were faithfully spent.

Mr. LEA. Now, about that advisory committee, do you think that that is essential or necessary to the success of this plan?

Miss LATHROP. Well, I would like it, anyhow.

Mr. LEA. As a general thing my experience has been that an advisory committee is a nuisance. They mess up policies and administrative proceedings, without assuming responsibility, and they form a method of evasion of responsibility of those upon whom the burden really rests. I believe the people who have the active responsibility should assume that responsibility.

Miss LATHROP. The bureau has enjoyed the cooperation of very helpful advisory committees, for instance, those who worked on this book called "Standards of Child Welfare," to which critical reference has been made. All were great American authorities, medical, social, and economic, without money and without price, they have aided the bureau. The bureau advisory committee of pediatrists is another example, and others. The bureau is very much indebted to advisory committees, and I believe this one will be all right.

Mr. LEA. Well, of course, it was not with any idea of suggesting that you should refuse to avail yourself of the best possible advice, but I think it would be pretty difficult for the head of the Children's Bureau to refuse the advice of the advisory committee that is proposed here, and if the plans failed to work out successfully, the Children's Bureau would lay it to poor advice, and the advisory board would assume no responsibility.

Miss LATHROP. There are three to one. They ought to be right.

Mr. LEA. But the trouble is we have no one responsible.

Mr. WEBSTER. Miss Lathrop, as I gather the line of Mr. Hoch's questioning, he has been endeavoring to show that this bill involved an inconsistency in that it placed the administration of the act generally in the Children's Bureau; yet when the activities of the bureau reached the States, they were required to act through State agencies. It occurs to me that the law is not capable of that interpretation. Section 4 of the act provides:

"That in order to secure the benefits of the appropriations authorized in section 2 of this act, any State shall, through the legislative authorities thereof, accept the provisions of this act and designate or authorize the creation of a State agency with which the Children's Bureau shall have all necessary powers to cooperate as herein provided."

Now, the only limitation upon that is in this proviso:

"*Provided*, That in any State having a child welfare or child hygiene division in its State agency of health, the said State agency of health shall administer the provisions of this act through such divisions."

Is it not correct to say that under this statute it leaves to the State the definition of its own agencies through which this cooperation is to be brought about?

Miss LATHROP. Yes, it is, Judge Webster; but as a matter of fact, of course 38 of the States now have child hygiene divisions. We want to have the State boards of health get these child hygiene divisions to do this humanizing work toward children and show that they have a social trend in their medical work.

Mr. WEBSTER. Precisely so, and that is the reason this bill provides that in any State where provision has been made for such a child welfare and child hygiene division in the State agency of health, this bill shall be administered through those divisions.

Miss LATHROP. Yes.

Mr. HOCH. I do not want to get into a controversy with Judge Webster; but simply that we may straighten this out as I see it, you say that as a matter of fact there are 38 States which now have these child welfare or child hygiene divisions. They, however, are entirely subordinate to the State health department, are they not?

Miss LATHROP. Yes, indeed.

Mr. LEA. And so far as the responsibility and the direction of the policy is concerned, not the subordinate division but the State health agency is the responsible unit, is it not?

Miss LATHROP. That is just the point. We want them to be responsible for directing child-welfare work, recognizing the social environment.

Mr. LEA. As a matter of fact, instead of denying my proposition, the principle of it, you are anxious that the State boards of health shall be the agencies through which this work shall be done?

Miss LATHROP. Yes; we want to work with them.

Mr. WEBSTER. But you want it done through divisions of child welfare and child hygiene.

Miss LATHROP. Yes.

Mr. WEBSTER. Which this bill provides for.

Miss LATHROP. It does not force them in any way, except that it suggests that it would like to cooperate with the boards that have them.

Mr. HAWES. Miss Lathrop, this law, in my opinion, is a departure from any similar enactment that we have ever made in the United States, and its administration, therefore, becomes the real important consideration, so far as I am concerned. But that is not defined in the law, except in a general way—that is, you will administer the law, at least I personally hope that you will—and I wanted to ask you some questions about how this administration will be brought about.

In the first place, the National Congress will be called upon to appropriate $1,480,000 for the national end of this work. Then the States will be asked for a similar amount on the match basis of Federal aid. Having arrived at the appropriation, the States having met the Federal aid, where will the jurisdiction lie in the expenditure of this money? If I do not make myself perfectly clear, I hope you will stop me.

Miss LATHROP. I understand that upon the certification that the money has been appropriated properly and expended properly for the last quarter, that the quarter's appropriation will be sent through the Treasury in the usual way, so far as the Government's side goes. That is the usual machinery. After the plans are approved and

acted upon, I understand that the appropriation goes automatically for the period for which the plans last.

Mr. HAWES. Let us take an exact case. Let us take Missouri, for instance. We will say that Missouri receives $10,000, and in addition, $30,000; that she creates a department of health with a branch similar to yours, a children's department under that. Now we have reached that status. Who will direct that bureau in Missouri, your department?

Miss LATHROP. Oh, not at all. That bureau will be under the Department of Health, exactly as we are under the Department of Labor, exactly as the Public Health Service is under the Treasury, and the head of the Health Department will have the general direction, of course, of every bureau under it, and I suppose the appointment of all the officers, unless it may be the governor will appoint them.

Mr. HAWES. Suppose that the head of the State agency believes that the proper way to treat maternity and child welfare is one way, and you directly disagree with with the head of that State agency; who is to control in a case of that kind? Suppose they put out a prospectus which, in your opinion, is entirely wrong?

Miss LATHROP. May I answer by a question?

Mr. HAWES. Yes.

Miss LATHROP. Do you believe that there is any question that could arise between the bureau and the State of Missouri so difficult as the question that has apparently been settled to-day between the Children's Bureau and the Public Health Service by an honest agreement to compromise?

Mr. HAWES. I don't think that such a situation will arise, frankly, but it is a matter that is important to find out, as to will be supreme in the last analysis.

Miss LATHROP. May I just refer to one thing before I answer? As I understand, as the bill passed the Senate, it includes the appeal to the President if the agreement—it includes a provision which is not in the Towner bill as it stands here, that lies to the President of the United States—if there is a disagreement or a refusal by the bureau to furnish funds to which the States claim they are entitled.

Mr. HAWES. In that case, when there is a dispute the President of the United States will settle it.

Miss LATHROP. If it came to the refusal of funds. If we could not get to an agreement.

Mr. HAWES. Well, now, we have agreed on the funds.

Miss LATHROP. Yes.

Mr HAWES. The statement that I am giving to you is that there is an exact agreement on the fund and an agreement upon the agency that is satisfactory to you, but the State agency decides that it wants to proceed one way, and you think it is wrong; what would happen?

Miss LATHROP. I think that is exactly where, if we could not compromise, if we could not as sensible people on both sides compromise with the people who would be the authorities back of the State board and back of the national board; if we could not reach a compromlse, unquestionably the Federal bureau, if it felt it important enough, would decline to pay the money and an appeal on the part of the State would then lie to the President of the United States.

Mr. HAWES. Suppose the head of the State agency was, in your opinion, incompetent or an improper person to handle maternity and child hygiene in my State, or suppose this person appointed by the health department and confirmed by the State Senate was personally objectionable to your department, would you have any authority for removal of that person?

Miss LATHROP. No, sir.

Mr. HAWES. We are clearing up things. These are not questions that I am asking you, Miss Lathrop, in an antagonistic way at all.

Miss LATHROP. I did not mean to answer in that way, Mr. Hawes.

Mr. HAWES. I want to go a little bit further. Would you recommend to a State department the employment of its agents?

Miss LATHROP. Do you mean have we any legal right or warrant to do it? I see none; absolutely none. Of course, we constantly get inquiries now from all sorts of people—often officials—asking for suitable candidates or the bureau's opinion of candidates. We furnish information if we have it.

Mr. HAWES. Well, would your control, then, be limited approximately, to the same control that the national Board of Health would have over a State board of health?

Miss LATHROP. I do not know the terms of that control, but I see no control that we exercise except this control with reference to plans.

Mr. HAWES. The question is important for this reason: In one State we are informed that the State has spent $5,000,000 or $6,000,000 in its health work, another State

$2,500,000 in its health work, which is all supplemented by the larger sums, vastly in excess of this State amount, by the local centers; against that the United States will spend in a State $40,000,000 as against $5,000,000 or $6,000,000.

Miss LATHROP. May I make an explanation there? As to Pennsylvania, that amount of over $5,000,000 was an appropriation for a two-year period. Nearly half of it, I think, goes into the maintenance of three tuberculosis hospitals. Most of it is taken up in other large activities of the State as a whole. I do not know whether any other institutions are involved or not, and we are authoritatively told, in a communication which Dr. Rude can lay before you, that the child-welfare appropriation for the State from the State fund for the last year was less than $40,000—I think, $36,000.

Mr. HAWES. So that it was approximately about as much as the Nation would expend?

Miss LATHROP. Yes.

Mr. HAWES. But you know that that would not take care of 15 prosperous counties in a proper way, with nurses, etc. I mean to say, $80,000 would not do the work as it ought to be done. In other words, this whole problem is a matter not of millions, but it would run up into a billion if it was properly done.

Miss LATHROP. I do not believe I agree to that. I think it is quite true, as we said here this morning, that the whole social surroundings of a community come together either to pull up or to let down; that the people who work for better milk and the people who work for better transportation, who work for better sewage disposal, they all are serving the cause of public health and they therefore are serving the cause of better surroundings for mothers and babies. There is a natural tendency, but far too slow, especially in our backward communities, for health to improve in this country. I do not believe that such sums as that will ever be necessary, especially with the improvement in public understanding and education which we hope is progressing.

Mr. HAWES. Those figures, of course, are based on the doctors' theory of the medicinal side of the questions, and that is dependent on light, heat, food, clothing, and medical care. Is it your idea, Miss Lathrop, after having established in a community in a State a satisfactory State agency and it was functioning properly, would you pass by that agency and establish one elsewhere?

Miss LATHROP. Well, I do not understand under this act that we would have any power to establish a State agency. I think if we had agents enough available we could undoubtedly advise and give information as to the way in which, with the conditions of that particular State, whether rural, industrial, or big city populations are most involved, money could best be spent.

Through the bureau information could be constantly gathered and disseminated as to successful or unsuccessful work and as to cooperation of social and scientific agencies, public and volunteer. But I do not understand that we have any further right.

Mr. HAWES. Well, we will confine the question then to purely educational work. If you have educated a center of population, would you consider your work nearly completed in that section?

Miss LATHROP. If nobody else would grow up there, I would. But I think life is a going concern, with people coming along, with young children all the time.

Mr. HAWES. Of course, I would not think that you would consider your work complete unless you had established State agencies that would take care of the growing population.

Miss LATHROP. Of course, so long as the Government puts out a large number of publications, then I suppose that there will always be a demand for them; but other kinds of work, of course, can be done, perhaps once for all.

Mr. HAWES. The object of my inquiry, the second inquiry, is this: Congress puts a limitation on the amount of money it can spend in this consolidation called the Sweet bill for the benefit of our soldiers. The payments are to discontinue in five years. I have wondered, and I would like to know, if you have a five-year limit to create a strong central organization which could issue educational tracts and scientific information of various kinds, and as the States were urged in the meantime to establish local agencies with the benefit of this Federal aid which your bill provides for—and really that is the attractive thing in it, stimulating the local State pride to follow the lead of the Nation—could we not well say, and settle forever, any question of interference with States rights, that this law, so far as the States are concerned, should only run for a period of five years?

Miss LATHROP. I think five years for improving the health of well people is different from five years for dealing with health questions of soldiers which may arise out of accidents and exposure due to the war. I can believe that questions of this kind, that all questions of granting aid such as the Government already has made in several

laws, might well be reviewed by Congress at some stated period without any charge of its being a withdrawal of a privilege allowed. I believe that five years would be very short for the first period in a measure like this, but I think that is an admirable suggestion, this power of Congress to review, as a matter of routine, and determine what the continuing appropriation should be, if any, and to take evidence as to results so that if the facts justified the Federal appropriations should cease.

Mr. HAWES. The only question I have is this: There is a movement to establish what is called a "national welfare bureau," which will take under its head the department of health, also all soldier agencies, all health agencies and matters that appertain to the general welfare of the people. I am afraid this commission is a little far in the future, but wouldn't your department find a proper place in such a commission in case it was established?

Miss LATHROP. The plans that have been shown me by the responsible authorities have indicated that they thought so. Of course all bureau chiefs obey orders. We should go wherever we were put.

Mr. HAWES. You would not have any objection to your bureau coming under the general welfare commission when it was created?

Miss LATHROP. Even if I felt an objection, I should not allow myself officially to feel it.

Mr. HAWES. I will state it another way. Would there be any objection?

Miss LATHROP No; I think not. This seems to be rather outside of the record, but I have heard here the attack that was made upon the bureau and its fitness to do this work, because it is under the Department of Labor. Personally, I feel that it is rightly placed under this department which has for its duty to improve the conditions of the great masses of our people, and I have seen how much economic and social conditions affect the welfare of people, and I have thought it was a good thing to have a bureau like ours in the Department of Labor. I feel the difficulty in cooperation, although I believe it is solely a question of how the Secretaries determine to control bureaus, as to securing cooperation. But if it were in the economy of the future thought best, I can see sound reasons for putting it in the department of welfare.

Mr. HAWES. Miss Lathrop, you have heard the discussions in the hearings, and there seems to be a unanimity of opinion amongst the opponents of this bill that 95 per cent of the Government insurance, as we may call it, against the loss of the mother and the child, is controlled by the medical profession; that it is the result of disease, of heredity, or of causes that only medical men can remedy. Now that being the case, where the medical profession is called in, how could your department do that work if it remains as it is at present constituted?

Miss LATHROP. If it will be not disrespectful, I should not accept that hypothesis. I do not know who invented that 95 per cent nor what statistical basis it has, but so long as the family exists and children stay at home with their parents the greater part of the 24 hours under their control, I can not see how life can be 95 per cent medical. Even if people are sick, you want a doctor to come in and take care of your child in your household. I do not think it is 95 per cent of the situation.

Mr. HAWES. We have the average case of the woman and the child needing attention at the period of childbirth.

Miss LATHROP. For a few hours or a few days, or perhaps months. Scientific medical and nursing care is one absolute and indispensable essential, and there is nothing to take its place. What we want to do is to make it possible for that woman and child to have that very best of attention. It means a great many other elements in order to make sure of that. We make sure of it now for a very small part of our population.

Mr. HAWES. I think one of these doctors puts in the record the various causes of death during maternity, numbered 1, 2, 3, 4, 5, 6, 7, and so forth, claiming that they were nearly all medicinal, requiring the services of a doctor. I hope I am not confusing you. I mean where is your doctor going to come in in your scheme of organization if that is even approximately true? If it is only 50 per cent true, where are you going to put in the doctor?

Miss LATHROP. Why, I suppose he will come in just where he comes in now, except that we hope that there will be more qualified physicians. The country must depend upon the local communities for practicing physicians, and of course upon local hospitals in the main. I agree that there is always medical cause. But I think also of what a father whom a friend of mine saw on the railroad train said about his child. He had come in, giving up a day's work to bring this child to a clinic, and he was so ignorant and untaught that he could hardly express himself properly, but he was concerned beyond all measure about this little child who lay in his arms, and he turned to my friend and said, "The doctor says it is neglect. Do you know what that means?" Back of the medical cause is the neglect of ignorance in so many instances that it

seems to me the Commonwealth ought to make great efforts to make that sort of unconscious and unwilling neglect impossible. I do not know that I have answered your question.

Mr. HAWES. I think you have very well.

Mr. RAYBURN. Miss Lathrop, as the head of the Children's Bureau, under this bill your organization is practically absolute, so far as being the executive is concerned?

Miss LATHROP. I did not quite understand you.

Mr. RAYBURN. As the head of the Children's Bureau, the position that you hold now under the authority granted in this bill is practically absolute, so far as the administration of this law is concerned, is it not?

Miss LATHROP. I suppose so, in a narrow sense. It seems to me carefully defined.

Mr. RAYBURN. This advisory committee that is authorzed here—you say that was directed yesterday in the Senate?

Miss LATHROP. I saw an amendment of that kind.

Mr. RAYBURN. But that, of course, would not have any effect upon the ultimate outcome of the advice of that committee?

Miss LATHROP. Of course it just depends—some people don't know enough to take good advice, but if we do, then it would be taken.

Mr. RAYBURN. I understand that, but the point I was making was simply this, that even though the head of the Children's Bureau is directed to appoint this advisory committee, there is nothing that makes what they say final, or in conference with the head of the Children's Bureau final, but after they have given their advice, then the head of the Children's Bureau makes up the policy independently and entirely. I mean they can do that. Of course any sensible person, as you say, ought to take advice, but there is nothing in this language here that will cause them to feel bound to take that advice.

Miss LATHROP. The bill originally provided a controling board, and it was stricken out because it was said that the responsibility must be centered somewhere; that you could have advice but you could not dodge responsibility.

Mr. RAYBURN. You think that is wiser than to constitute the head of the Children's Bureau, the Secretary of Agriculture, the Surgeon General of the United States Public Health Service, and United States Commissioner of Education an executive board?

Miss LATHROP. I do not want to say, because I did suggest that and the Senate voted it down.

Mr. RAYBURN. And you thought that that would probably be wise, did you?

Miss LATHROP. I did. I wanted to dodge the direct responsibility and to have the country see at once that all these elements were interested in making this effective.

Mr. BARKLEY (in the chair). Pardon me, Mr. Rayburn, I understood your question to be referring to an executive board?

Mr. RAYBURN. Yes.

Mr. BARKLEY. And am I right in thinking you so understood it, executive or advisory?

Miss LATHROP. I understood that he wished to know if those agencies were originally an executive board?

Mr. RAYBURN. No.

Miss LATHROP. Or if I thought they should be?

Mr. RAYBURN. Yes; that is what I asked.

Miss LATHROP. And I replied that in the original draft all those agencies save the Department of Agriculture, which we did not dare put in because it made the board too big, were an executive board, and that the Children's Bureau chief was the executive of that board, and that was changed in the Senate.

Mr. RAYBURN. That the head of the Children's Bureau was to carry out the decisions of this board?

Miss LATHROP. Yes. That was changed, not on my request or desire.

Mr. RAYBURN. I did not know anything about that. My question was entirely impersonal, because we do not know who is going to be in our place to-morrow or who is going to be in yours, or who is going to be Secretary of Agriculture; we have to legislate, you know, not with regard to the individual holder of office now but for next year or five years from now. That was what my question was directed to.

Mr. MAPES. I would like to ask Miss Lathrop one question. There has been some criticism here on account of the latitude given in section 9 of the bill to make arrrangements with any educational institutions for the provision of extension courses by qualified lecturers. I understand that the Senate yesterday qualified that by putting an amendment after the words "any educational institution" like this: "Approved for this purpose by the United States Commissioner of Education." Does that amendment meet with your approval?

Miss LATHROP. Heartily.

Mr. HAWES. Just on that point, I understand that the State agency is to be designated by the legislature to cooperate with your department. Why should not the designation of the educational institution be left to the State agency?

Miss LATHORP. I think that the bill reads that in any State having a child welfare or a child hygiene division in the State agency of health, the State agency of health shall administer the provisions of the act through such division.

Mr. HAWES. That is right. Now section 9 is the one that you state was amended in the Senate, permitting the National Department of Education to designate the educational institutions?

Miss LATHROP. As I understand it, the United States Commissioner of Education is engaged in examining and standardizing the higher educational institutions. He issues reports constantly, explaining exactly what their courses and qualifications are. At first this bill, as I recall, provided any public educational institutions might be used, really having in view the land-grant colleges, the public universities, some of which have medical schools, hospitals, nursing schools, and extension services.

Mr. HAWES. That brings me back, Miss Lathrop, to my original question, and it is a case in point. Suppose we have a State agency that designates the State university as the proper place to carry on this educational work; now the national Commissioner of Education would designate a school of mines or a hospital university.

Miss LATHROP. Oh, not so bad as that.

Mr. HAWES. It might happen. There is quite a fight on in the various States sometimes, you know, over those things. Now where there is a conflict of that kind, should it not be cleared up in this bill so there would not be any question about where the power lay? There would be no objection to an amendment of that kind, would there?

Miss LATHROP. I think there is no objection to any amendment that protects the public from having half-baked or ignorant lecturers, and that would provide that such lecturers shall come from the very highest educational sources.

Mr. HAWES. We will agree upon that; but who is to decide the standard, the Children's Bureau in Washington or the children's bureau, say, in Missouri?

Miss LATHROP. Of course it was thought when this bill was first drafted that these State institutions with their very great extension services, such, for instance, as the State of Wisconsin has, might enormously help the efficiency of this measure, not only by direct lectures on hygiene and maternity and infancy, but by those subsidiary courses on matters affecting family health, like the conduct of the household in regard to food, etc., perhaps not included in a precise definition of hygiene. My judgment is that what we should have is something which is a respected authority so that there shall not be some poor and ill-advised selections. That is all.

Mr. WINSLOW. Mr. Chairman, I would like to ask a question or two. Miss Lathrop, I would like to ask you if you have knowledge of the fact that some time during these hearings some person asked the Assistant Secretary of the Treasury, who is at the head of the Public Health Service, to issue an order to the effect that no representative of that department should attend these hearings?

Miss LATHROP. I have no personal knowledge of any relations—of any connection between any of the Assistant Secretaries or anybody else with anything of that kind.

Mr. WINSLOW. You have never heard that that has been done?

Miss LATHROP. I do not know whether I have heard that that had been done or not.

Mr. WINSLOW. You mean your memory is faulty in respect to that?

Miss LATHROP. I mean I do not know just exactly what I have heard as to the possible appearances here. I want to say this: If anybody has ever done that, it has been without my knowledge or consent or approval, or that of anybody connected with the Children's Bureau.

Mr. WINSLOW. Does the question suggest a familiar sound to your ear?

Miss LATHROP. Sir?

Mr. WINSLOW. Does the question suggest something that is more or less familiar to your ear?

Miss LATHROP. What I want to say is this: I would only be willing to speak for myself and for my own knowledge of these things. In no manner have I suggested or desired to suggest or had any knowledge of anybody connected with the bureau making any suggestion, either to the Public Health Service indirectly or directly, or to anybody else that the Public Health Service should not attend these hearings.

Mr. WINSLOW. But you are not sure whether you ever heard about it or not?

Miss LATHROP. Well, I may have heard more or less gossip, which I do not care to discuss, but those are the facts so far as I am concerned, and so far as the bureau which I represent is concerned.

Mr. WINSLOW. Then you know nothing about it as a matter of report?

Miss LATHROP. I have not said that I knew nothing about it as a matter of report. I said I did not care to go farther in stating what gossip I may have heard. I do not

feel that that is exactly my province. I do know, Mr. Chairman, since I see, I think, the trend of your questions that the conference this morning was one in good faith on both sides, and one which, had you been present you would have been entirely satisfied was in candor and good faith.

Mr. WINSLOW. Well, I dare say. I do not know anything about that.

Mr. BARKLEY (presiding). Are there any further questions?

Mr. DENISON. I want to ask a question.

Mr. HUDDLESTON. Mr. Chairman, may I suggest that Judge Towner has only an hour left.

Mr. TOWNER. I have three other witnesses.

Mr. HUDDLESTON. And it strikes me that to keep the witness before the committee any longer is hardly fair to Judge Towner. I submit that for Mr. Denison's consideration. I do not want to shut Mr. Denison off or anybody else, but I rather deplore that we are cutting Judge Towner so short.

Mr. DENISON. Well, if that is the way Judge Towner feels about it I will not ask any questions at all.

Mr. TOWNER. If you only want to ask one question go ahead, Mr. Dension.

Mr. HAWES. I suggest we extend the hearing a little bit further.

Mr. HUDDLESTON. We made a decision about that and we must close at 5 o'clock, according to the decision which the committee made, and I am going to insist on closing at that time myself.

Mr. TOWNER. Ask your question, Mr. Denison.

Mr. DENISON. I wanted to ask one more question, and if you have covered it, why just indicate and I will withdraw the question. In the publication to which you referred, I believe, which has been mentioned here, gotten out by the bureau, Miss Lathrop, entitled "Maternity Benefit Systems in Foreign Countries," there was expressed this conclusion, which I quote:

"Maternity benefit systems are not an experiment. Germany, Austria, and Hungary early established such systems. In some systems the benefits consist primarily in a money payment. In others it consists primarily in medical and nursing services. No such system, once undertaken, has ever been abandoned. Instead, the tendency of changes in existing legislation has always been toward including larger and larger groups of population, toward increased benefits, and toward the compulsory, as contrasted with the voluntary, principle of insurance."

Miss LATHROP. I think that is an entirely scientific statement of the facts as they exist in the European countries. Of course the war made a great enlargement of facilities all over the continent, as well as in England.

Mr. DENISON. And is that your judgment of the tendency of this legislation?

Miss LATHROP. It it a tendency that I can not but hope we shall in some degree begin to stem by this voluntary provision. In the proceedings you will see that I tried to express my own feeling of what the American spirit really wanted and would tolerate.

Mr. DENISON. Well, I still do not get it. Is it your judgment, Miss Lathrop, that when we once begin on this benefit legislation, that the tendency is invariably to go further and further and tend more and more toward compulsory as compared with voluntary benefits?

Miss LATHROP. No; I think that is exactly what has happened with the labor insurance, the health insurance in England. I hope not to see a compulsory method here. I suppose we have got compulsion in the retirement provisions and contributions in the Government service, but that is a very different thing from getting compulsion by which every working woman must carry a card and have stamps put on it every week. To me it is a very inadequate and un-American system. I don't know how more clearly to say that it is not a question of my opinion or desire either, but solely of what has been the result on the Continent.

Mr. BARKLEY (presiding). May I ask one question there in further explanation of this excerpt which seems to have been taken from a voluminous document of yours. What you mean by saying that it was not an experiment is this, that in Europe it has been adopted as a permanent system, and therefore it is not experimental, and the tendency has been to increase the facilities rather than to decrease them in Europe, but you do not mean by that in any way to recommend them for the United States?

Miss LATHROP. No, I do not, and I dislike it so much that I was very careful—perhaps I learned the other way—in the letter of transmittal, or elsewhere, to put no color of my own judgment into it. My opinion is not very important.

Mr. BARKLEY. That is a historical document, to be taken for whatever it may be worth, in connection with our own progress?

Miss LATHROP. That is what was intended. I thank you.

Mr. TOWNER. Mr. Chairman, I call Dr. Rude, of the Children's Bureau, who will speak very briefly.

STATEMENT OF DR. ANNA E. RUDE, DIRECTOR OF THE HYGIENE DIVISION OF THE CHILDREN'S BUREAU, WASHINGTON, D. C.

Dr. RUDE. In view of the fact that we are infringing upon Judge Towner's time, I shall refrain from answering the many questions that I should like to answer. However, if I may be allowed to, I will answer the last question which Mr. Rayburn asked relative to a Federal board. The bill which this committee considered last year did provide for such a board, and it was after conference with the State health officers, who met here in December of last year and appointed a committee to come over and advise with the bureau, that the organization of the board was changed to its present form, simply because from previous experience with interdepartmental boards the State health office felt that these cooperative plans in Government bureaus did not function as effectively as where one person was responsible for the administration. I will not take any more of your time.

Mr. TOWNER. I call Mrs. Upton to the stand.

STATEMENT OF MRS. HARRIET TAYLOR UPTON, VICE CHAIRMAN OF THE NATIONAL REPUBLICAN COMMITTEE, WARREN, OHIO.

Mrs. UPTON. Judge Towner, I will yield my time to you. I know exactly what the committee and Congress are going to do about this, and I can not argue therefore as I could otherwise.

Mr. TOWNER. I am sure, Mrs. Upton, the committee would like to hear you, if you will just take the stand for a moment.

Mr. DENISON. Did I understand you to say that you know what this committee is going to do?

Mrs. UPTON. No, no; not at all. What Congress will do. I don't want you to frighten me by looking at me in that way and ask me a question in that way.

Mr. DENISON. I hope I did not frighten you. There is one thing I would like to know, and that is where you got that information?

Mrs. UPTON. I will tell you that I got it from a great many years' experience in Congress. I began as a child to sit by my father's side and listen through just such days as we have had here; and I have found out that men treat subjects in Congress a great deal as a young girl treats her sweetheart. They flirt with it a long time and then come around and pass it.

Mr. DENISON. I think that is one of the most valuable contributions, after all, we have had in the course of the hearings on this bill.

Mr. TOWNER. Mr. Chairman, I will call Mrs. Park.

STATEMENT OF MRS. MAUD WOOD PARK, PRESIDENT LEAGUE OF WOMEN VOTERS, MUNSEY BUILDING, WASHINGTON, D. C.

Mrs. PARK. Mr. Chairman and members of the committee, I speak representing the women's committee on the Sheppard-Towner bill. This is a joint committee of 12 of the great national organizations of women that have indorsed this bill. Those organizations, Mr. Chairman, are the American Child Hygiene Association; the American Association of University Women; the General Federation of Women's Clubs; the Girls' Friendly Society in America, which is an Episcopal organization; the National Congress of Mothers and Parent and Teachers Association; the National Consumers' League; the National Council of Jewish Women; the National Organization of Public Health Nursing; the National Federation of Business and Professional Women; Women's League for Peace and Freedom; The National League of Women Voters; the National Society Daughters of the American Revolution; the National Women's Christian Temperance Union; the National Women's Trade Union League; and the National Board of the Young Women's Christian Association.

Mr. Chairman, those organizations had hoped not to take the time of your committee. We had asked permission to file a joint statement as to our reasons for advocating this measure, and as to our belief that the administration should be in the hands of the Children's Bureau, but several things have been said during the course of the hearings that have made it seem advisable for a representative of those various organizations to present as briefly as possible four points, and that is what I shall try to do.

First, I have already stated to you the organizations which are working actively for this measure. Many other organizations have indorsed it, but these organizations are represented on the Sheppard-Towner committee of women's organizations.

In the second place I wish to speak to you about the methods by which the indorsements of these organizations are obtained.

In the third place, about the reasons why this measure seems to women of the most urgent importance.

And in the fourth place, I wish to state briefly why we believe that the administration should be in the hands of the Children's Bureau.

Several rather mistaken statements have been made with regard to the methods of indorsement of the women's organizations. Yesterday a lady from my own State, Mrs. Putnam, who gave an admirably clear statement of her reasons for opposing the present bill, said that she had understood that the Florida State Federation of Women's Clubs was not in favor of this measure, last night I telegraphed to Florida, and since I came into the room this afternoon I have received this official telegram, and I am sure the lady who made that statement yesterday will be glad to have the correct information in the matter:

Mrs. MAUD WOOD PARK,
President League of Women Voters,
Munsey Building, Washington, D. C.:

Florida federation indorsed Sheppard-Towner bill annual meeting November, 1920, and at two board meetings since. Clubs also studied and indorsed. Officers spoke all through State of Florida. Women most urgent regarding passage of bill.

ELIZABETH SKINNER,
Vice President at Large, Florida Federation Women's Clubs.

With regard to the methods by which these indorsements are secured, I wish to illustrate, if I may, by the method adopted by the organization of which I am president, the National League of Women Voters. I believe that the methods of the other organizations in obtaining their indorsements are very much like our own. We have a committee on child welfare, which is composed of a chairman, an expert upon that question, and a member from each one of our State organizations which choose to appoint a member upon that committee. We have an organization in every State in the Union. That committee studies questions of child welfare during the year, and four months before our convention it makes recommendation to our national board of measures for legislative support on the subject of child welfare. Those recommendations are made to the board, and at least two months before our annual convention the board is required to send out to all our State organizations the measures that are to be brought up for indorsement by these various committees at the convention. We request the presidents of our State organizations to have these various measures discussed on all sides. We supply them with copies of the bills. We have been at great expense to have copies of the bills which we indorsed printed or mimeographed in order to make sure that they are given in large numbers for the study of these various measures before indorsement comes.

Then the State associations are at liberty, if they choose, to send their delegates to the convention instructed as to how to vote on the question.

On the day preceding the convention an all-day conference is held by each one of our committees, which presents legislative measures, but the all-day conference can not add anything to the program that has previously been sent out, except by three-fourths vote of the members present.

Then the conference committee reports to the convention. All the opportunity desired is given for discussion pro and con in the convention. If the measure is a new measure, one which has not previously been before the organization, it requires at least a two-thirds vote of the delegates of the association present and voting to bring about the indorsement.

That is the way in which our organization indorsed the Sheppard-Towner bill, and I offer that as evidence that the indorsements are not snap judgments of women who are not informed as to the measure which they have indorsed.

With regard to the methods of work of the women's joint committee, we have a representative of each one of the associations on the committee. Each of those representatives informs her association as to the state of affairs, the proposed amendments to the bill, and so on, and we work together in order to prevent duplication, and to give you gentlemen in Congress as little trouble as possible on the subject.

In order that you may understand how interested we are in this matter, let me say that this measure has received the largest indorsement of any measure before the Congress from the great national organizations of women. I wish to state further that I think the names of the associations that I have quoted are a sufficient answer to some of the objections that have been brought forward against the bill as a subtle measure to advance birth control, socialism, or bolshevism. I ask whether you think that the Young Women's Christian Association or the National Women's Christian Temperance Union, or the General Federation of Women's Clubs, or any of these other organizations, are likely to support any of those things that the opponents of the measure have said the supporters advocate?

With regard to the names that were quoted by Mr. Newton and that I understand were used at the hearing yesterday, let me say that the statement about Dr. Anna Howard Shaw is, I believe, a part of a series of statements which were attributed to her during her lifetime, and which were emphatically denied by her as never having been made in any such form. At that time the attack upon her was dropped, because her denial was sufficient. I am sorry to observe that that attack has been renewed since her death, when she is not here herself to repudiate with her wonderful eloquence any such statements as were attributed to her. I have not at this moment, because I did not expect that anybody would revive a statement of that sort, in a hearing here, the exact form in which she did repudiate those statements, but by hunting through the files of the organization I can find it.

With regard to those other names that have been used, let me say that I have information about the work that has been done for this bill in the last Congress and in the present Congress. I have been a member of this women's joint committee. I am myself the elected chairman of the women's joint congressional committee, and I am entirely familiar with the personnel of the women who have worked in Washington and out through the country for this measure. I am not aware that any of the ladies whose names Mr. Newton has mentioned have advocated this measure.

I understand that a periodical was quoted from yesterday, while I was in the Senate gallery, to prove that the organizations which indorse this measure support birth control. Let me say that that periodical is the official organ of an association which has never indorsed the measure, so that there is absolutely no connection there.

With regard to my third point, why this matter seems so urgent to women, I wish to remind the gentlemen that, after all, the immediate experience of child bearing must be a woman's experience and that the experience of child rearing is largely a woman's experience. We agree perfectly with those witnesses who have already said that it is far more than a woman's question. We appreciate deeply the interest and the support that husbands and fathers who care for their own families and who have a fatherly heart toward children all over the world are anxious to give a measure of this kind. But when it does come down to the final analysis, I am sure you will agree that the immediate connection is a connection with women and their normal experiences in life.

We do not agree with one of the opponents of the measure in the Congress who told one of our representatives that he thought that maternity, infancy, and all such diseases ought to be in the hands of the Public Health Service. We do not regard maternity and infancy exactly in the light of a disease. We believe that it is a normal experience of human life and an experience of paramount concern to women, we in whose hands the first responsibility for the conservation of human life has been placed. That is why a measure which is designed to save human life is a measure which must be of the most urgent concern to women.

With regard to my fourth point, why we believe that the administration should be in the hands of the Children's Bureau. I can only state to you very hastily what the experience of the women of this country has been with the work of the Children's Bureau. That bureau has the confidence of women all over the country. They are familiar with it. When the bureau was created by the Congress, and when Miss Lathrop was appointed by President Taft as its chief at the time of its creation, women following social work all over the country rejoiced that we were to have a bureau dealing primarily with children's interests and that we were to have some one at its head who was known to be an authority on great social questions. Ever since that time the women have been following the work of the Children's Bureau with great interest and great pride. In the "children's year" work during the war organizations of women joined with the officials of the Children's Bureau to make that experiment a success, and the work of the bureau is known and respected in every State in the country.

As an officer of my own association, I was this last year in 29 of the 48 States of the Union, and I found in every one of those States the greatest interest among women in this bill, and the most earnest hope that the administration would be in the hands of the Children's Bureau, because women knew about the work of this bureau, and because they felt that a bureau which specialized in the welfare of children would be able to give a single-minded attention to the administration which a bureau charged with the heavy responsibility that the Public Health Service has for preventing the spread of contagious diseases, and so on, would not be so likely to be able to give.

Moreover, on the point of administration that has been so frequently raised as to whether a medical person ought not to be at the head of this work because it is in part medical work, we, the representatives of the women's organizations, believe that the administrative office is not an office that requires a technical expert training in any one branch of the work to be done.

Perhaps I can best illustrate that point by a joke that somebody told me the present Secretary of War made recently. I am told that the present Secretary of War is in the habit of saying humorously that he is a banker by vocation, a farmer by avocation, and a sailor by education, but that the portfolio which has been given him is the portfolio of a department in which he has had no practical experience whatever. The answer, very naturally, is that we all recognize that in administrative offices general administrative ability, quickness to see the various aspects of a question, is the thing that is required in the administrative head of work which enlists a great many different factors.

No administrator would be a good administrator who, in a problem such as this bill is intended to meet, did not take expert advice on the medical side, expert advice on the educational side, expert advice on the side of the social work. We believe that the Children's Bureau is prepared to give the sort of all-around administrative attention to this question which will neglect no one of the important aspects of the work, and yet will not tend to emphasize one aspect at the expense of another.

I want to add just a brief word of personal experience, because sometimes we are accused of not having had any practical experience in these matters. For 11 years of my life I have lived in what is called the "slum" section of two great cities of this country. I have lived 9 years in two tenement houses in my own city of Boston, very near the South Station in the section that stretches out from it. I lived a year, after the fire, in a settlement house in San Francisco.

I feel obliged to make this personal explanation because there has been a very systematic attempt to discredit the representatives of the women's organizations by saying that they are seeking positions under the Government, or that they have been in the service of the Children's Bureau, or something of that sort. I did that work without salary, as I have done all my work in connection with any measure which I have worked for before the Congress of the United States. I apologize for making any personal reference of that sort. I do it as I said only in answer to the systematic attempt to discredit the workers in this cause.

In my work, in tenement districts—although I am not a trained nurse or professional social worker—I did come to know my neighbors in the adjoining tenements, know the needs of their large families, and to realize what it was that gave them most assistance during periods such as are intended to be covered by a measure of this kind. I know that it is not purely medical assistance that they need, it is not purely trained-nursing assistance that they need—it is the kind of assistance that knows how to summon the cooperation of the special forces that may be needed at the particular moment. I have seen this need illustrated over and over in the crowded sections of great cities.

I have received a letter, which I will not take your time to read, from the Instructive District Nursing Association, through its director in the city of Boston, and I ask leave to file that as a further illustration of the belief that the great majority of persons who are dealing intimately with these problems have of the need of some such measure as the Sheppard-Towner bill, under the administration of such a body as we believe the Children's Bureau to be.

(The letter presented by Mrs. Park is here printed in full, as follows:)

INSTRUCTIVE DISTRICT NURSING ASSOCIATION,
Boston, Mass., July 18, 1921.

Mrs. L. BROWN,
National League of Women Voters, Washington, D. C.

MY DEAR MRS. BROWN: I am sending herewith a brief statement regarding the Sheppard-Towner bill.

I am strongly in favor of the Sheppard-Towner bill, because intimate public-health, nursing experience during the past nine years has convinced me that through such measures as are advocated in the bill an immediate reduction in maternal and infant mortality will be assured.

In the city of Boston in 1921 there were over 20,000 births; 25 per cent of these births came under the care of the Instructive District Nursing Association.

Maternal mortality: Instructive District Nursing Association, 2.1 per 1,000 cases; city of Boston, 7.6 per 1,000 cases. Sixty-three per cent of these cases received prenatal care also.

Mortality of infants up to two weeks: Instructive District Nursing Association, 13.37; city of Boston, 37.

Reduction maternal mortality through prenatal and maternity care, 72 per cent.

Reduction infant mortality, 64 per cent.

This prenatal care consists in instruction given by public-health nurses.

The figures quoted are similar to the results of studies made over a period covering the past nine years and to one intimately connected with the work, leave no room for doubt that the comparatively simple measures advocated by the Sheppard-Towne bill would save many thousand lives yearly.

Sincerely, yours,

MARY BEARD, *Director.*

Mr. DENISON. Do you know anything about this publication called The Suffragist?

Mrs. PARK. I know that it was the official organ of the association called the National Woman's Party. It has been, and I think it still is.

Mr. DENISON. Are you connected in any way with that party?

Mrs. PARK. I am not and never have been. And that party is not one of the associations which has indorsed this bill.

Mr. DENISON. It has not indorsed the bill?

Mrs. PARK. No; not to my knowledge. It is not one of the associations represented on the Women's Joint Committee.

Mr. BARKLEY (presiding). If there are no further questions, the committee is very much obliged, Mrs. Park, for your statement.

The CHAIRMAN. Judge Towner.

STATEMENT OF HON. HORACE M. TOWNER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IOWA.

Mr. TOWNER. Mr. Chairman and gentlemen of the Committee. I want first of all to thank the committee for myself—and I am sure that I speak for those who are the proponents of this bill and have knowledge of the conditions—I want to thank the chairman and the members of the committee for the very careful attention that has been given to this bill, and I want to say that never have I seen any committee give better attention or more intelligent interest than has been given by the members of this committee, and I never have seen so good an attendance upon any hearing.

Gentlemen, it is just simply impossible for me to do what I contemplated doing in the short time remaining, and I shall only call your attention to a very few things. It is always a good idea to get back to origins and fundamentals sometimes. When the Public Health Service was established, the law provided that it "may study and investigate the diseases of man, including sanitation, and may issue information." That is the substance of the powers that were conferred upon the Public Health Service. Subsequently, and carried in the sundry civil appropriation bill from time to time, a provision was adopted that the Public Health Service may make special studies of and demonstration work in rural sanitation contingent upon like appropriations being made by the State. Now I call your attention to these provisions to show that there was no particular duty imposed upon the general health service for the purpose of studying matters pertaining to maternity and child welfare. Then the law was passed creating the Children's Bureau.

It is a singular fact—I think a significant fact—that maternity and child welfare work which are now referred to as properly belonging to the Public Health Service by the opponents of this bill—it is a significant fact that when the Children's Bureau was established the very things that are contained in this bill and made the object and purposes of this bill were directly and specifically given, not to the Public Health Service, but given to a new and an independent bureau to be known as the Children's Bureau. What was in the minds of Congress when they did that? Let us see [reading]:

"The said bureau shall investigate and report to said department upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertions, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories."

So that this particular thing could not have been any more distinctly specified than it was in this bill as being the duty of the Children's Bureau to investigate and make report.

Mind you, gentlemen, there is no more power given to the Public Health work than there is to the Children's Bureau with regard to these matters. In both cases it was to investigate and report only, and yet the specific work that it is intended by this bill to promote was by the Congress of the United States connected to the Children's Bureau and not to the Public Health Service. Now if you do not continue it with the Children's Bureau you directly repudiate the act of Congress. You would say, there is no need for a Children's Bureau, the Public Health Service can do the work. You would say that all of these things that are provided in the bill and that

are provided in the act creating the Children's Bureau should be transferred to the Public Health Service.

Now, gentlemen of the committee, there is no one that has a higher admiration for the Public Health Service of the United States than I have. There is no one that recognizes more than I do the splendid service which they have rendered to this country. But Congress has said, and has said just as strongly as could possibly be said, there should be somebody else that should be taken into consideration with regard to matters of this character.

It has been said here that the question of maternity and the child welfare is a question pertaining not only to women but to men. I have an idea, gentlemen, that when Congress enacted this law they thought that it was not wise nor best that the exclusive investigation, or the exclusive governmental activity, that the exclusive governmental help should be given by men in questions of this kind. And so we have in operation the Public Health Service and the Children's Bureau, the one under the direction of men, the other under the direction of women, and there is no reason in the world why they should not and can not work together harmoniously. There is no reason in the world why they can not do just what has been said by the Public Health Service represented here yesterday, when they stated before this committee that there was no overlapping of the work, that both of them combined could not satisfy the demand and could not cover the territory.

Mr. DENISON. While you are on that I want to ask you: Does the act fix any limitations as to who should be appointed the head of the Children's Bureau, whether it should be a man or a woman?

Mr. TOWNER. No; but unquestionably it was in the minds of the legislators, as the gentleman will see by the debate, that the Children's Bureau should be a woman's department, and its administration and personnel has been such from the beginning. It was asked for by the women and has ever since been considered their particular interest.

Now, gentlemen, we have the approval of this work by the Public Health Service. They say it is a necessary work. We have the demonstration coming from all over the United States of both the need and the adequateness of the remedy. They all say it is a beneficent work. They all say it is necessary. This hearing has demonstrated beyond the possibility of any question the need of this sort of work, of its practicability, of the fact that there is not necessarily any ground of antagonism between the Public Health Service and the work of the Children's Bureau, as exemplified in the law or as set out here in the bill which we are proposing. There is not any question but what they can and will work harmoniously together.

The testimony of Dr. Baker showed that originally there was some antagonism among the physicians in the city of New York regarding the work, but the testimony also shows that after they understood it they approved it and now give it their official and general sanction. It is only when it is misunderstood that it is made to appear antagonistic. Wherever the work has been done there has never been one single instance shown of any antagonism between the workers as to which should do this or that particular thing. There is so much to do there is work for all. That is shown conclusively by the statements made not only by the proponents but also by the opponents to the bill and by the statement that I read into the record a little while ago.

I can not blame the Public Health Service for desiring to have the superintendence of this great work. Of course they would like to have it. I have not the slightest doubt—in fact, I know as a matter of fact—that when this Children's Bureau was created they desired that it should be placed under their superintendence. The matter was fully considered, and it was thought that greater interest and greater support for the particular work intended could be obtained by the creation of a bureau whose identity would not be merged with a branch of the service having other and what it considered more important matters. And it was decided that the work of the Children's Bureau need not duplicate the work of the Public Health Service, but rather supplement it. It was decided that women should be given a part in the work in which they were so deeply interested. To merge them now under the Public Health Service would reverse the action taken and prove disastrous all around.

I do not blame the Public Health Service for desiring to have this under their control. But I do know that if such action is taken millions and millions of women of the United States of America will feel that there had been taken from them their proper share of responsibility and part in this work. There is no possible question with regard to that. Why, the very act itself was created for that purpose. Shall we repudiate that action of Congress now? Has anything happened that shows that the Children's Bureau has failed in the work committed to it? Has anything happened that will show that the Children's Bureau is not fit to be entrusted with this work?

I know that the Children's Bureau has enemies. I know that they desire, for some particular reasons which have only been partially disclosed, that the Children's Bureau should go out of existence. It has enemies, of course, as every good institution in the United States has enemies. But there are millions of people, people who know its work, who believe that there is not another bureau of the Government that ought to be sustained, or that deserves being sustained more than the Children's Bureau. Do not think, gentlemen, that this is a minor question that may be determined cursorily. It is being talked about at a million firesides of this Nation. The inquiry will be made why the women of America should not have a part in the consideration of maternity and infant mortality.

Mr. RAYBURN. Would it make any difference if a woman were placed at the head of this particular division, as to whether or not it was under the Public Health Service or whether it was in the Department of Labor?

Mr. TOWNER. Yes, Mr. Rayburn. I do not think you can get Congress or the people of the United States to approve of a proposition that will consolidate this work, and place its direction and control exclusively with the Public Health Service. That would make it an all-man's work. Why was it not originally placed in the Public Health Department? The Public Health Service asked that it be given them. They thought that it ought to have been originally placed there. But the people of the United States do not think so. The people of the United States, through their Representatives in Congress, have determined that question once, and there is no indication of a repudiation of it by any means.

And now let us see what is the final result of these contentions. It has been given to you, and it only needs your approval to be carried into effect. The people immediately interested have finally adjusted the matters in controversy between them. This morning these people got together and this is what they did. The Secretary of the Treasury, which has control of the Public Health Department, wrote a letter to the Secretary of Labor, which has control of the Children's Bureau, and this is what it says:

"In view of the conference held in your office this morning, at which were present the Secretary of Labor, the Assistant Secretary of the Treasury, acting for the Secretary, who is out of the city; the Chief of the Children's Bureau, and the Surgeon General of the Public Health Service, I am glad to assure you that there is no objection on the part of the Treasury Department to the administrative features of the Sheppard-Towner bill now before the Interstate and Foreign Commerce Committee of the House of Representatives. Should the bill be passed, the Public Health Service will render every assistance possible to the Children's Bureau."

Now, gentlemen, what better evidence of the fact that there can be cooperative and harmonious work done in these departments than that? What better evidence could you want that when you put in this Children's Bureau the work which is contemplated in this act you are doing that which will meet with the largest general acceptance and secure the best possible execution of the law?

Changes have been discussed and many of them made in the bill. I wish I had time to go through with these various amendments that have been adopted by the Senate. I do not need to talk to you about them. You are intelligent and experienced men. Consider them. But on these fundamental propositions I ask you not to change them, because I do not believe that it will meet with the approval of the country, and I believe that you ought not to, on the merits of the proposition.

Why can not they do what has been done in New York City, where there has been the utmost harmony between the persons who have had charge of this child-welfare work and the physicians and the health department? Why does not Miss Lathrop come here and complain because of the fact that the administration in the States, under the provisions of the bill, is in the Public Health Department?

Of course, there is medical work. There is medical advice, there is medical assistance needed in the execution of this law, and it is provided in the bill that it shall be given. And if it does not, change it.

Some gentlemen seem to feel that there is too much power given to the Children's Bureau in determining how, when, and where and under what circumstances these appropriations shall be approved. Well, gentlemen, that is for you to say. There is nothing necessary except to see that the money shall be used for the purposes intended. Now, if you can make that more clear, do so. We will have no objections. I will support the bill with any change or amendments that you think may be necessary to guard it against any possible exercise of autocratic power to force upon the States something that they do not want. It is not the object and purpose of this bill to do anything except to act in harmony with the States in regard to this work. It has no other object and purpose than to stimulate them to activity and to assist the backward States to bring up the standard to where it ought to be.

This is a great work, a humanitarian work that ought to appeal to everybody, and it does. Everybody approves of it when they understand it. I have been surprised at the unanimity that has been expressed by both the supporters and the opponents this bill with regard to the necessity of this work, of its efficiency, of what it accomplishes wherever it is undertaken. Even those who are opposed to the bill admit that if under other circumstances it were administered or could be administered, it would be better than it would be under some other circumstances; but that is as far as the objection goes. So that after all there is nothing that can not be harmonized and carry out the purpose and intent of those who desire the passage of this bill. And if that is worth while, if it is worthy of your approval, if there is a measure of necessity in it, then it occurs to me you ought not to have any very great difficulty in arriving at a conclusion with regard to what it ought to be.

I ask your careful consideration of the terms of the bill. I ask your careful consideration of the amendments that the Senate has proposed. Some of those amendments I would dislike to have you approve. One of the amendments allows only $1,000,000 a year after the first initial appropriation of $1,480,000. I think the appropriation is altogether too small, too small as it is. I hope you gentlemen will feel that you are justified in continuing the original provision of the bill, which would allow the $480,000 to be continued and the $1,000,000 to be also apportioned among the States.

Now, if there are any questions that you gentlemen would desire to ask in the three or four minutes that I have left, I would be very glad to answer.

Mr. HAWES. How many amendments were made to the bill?

Mr. TOWNER. There were quite a number of them, Mr. Hawes.

Mr. HAWES. I wanted to know how many, if you have that information.

Mr. TOWNER. I will be glad to show them to you. Most of them are merely verbal changes. The one which I called attention to is quite an important change, as I suggested. They also changed the word "authorized" to "directed" with regard to the formation of the advisory committee. I do not consider that as particularly important. There are some other changes that are somewhat important, none of which, however, I would oppose if they meet with the approval of the committee, except the one that I have called attention to.

Mr. DENISON. May I ask a question? What do you consider the most essential or most important part of the bill?

Mr. TOWNER. I can not quite get your proposition.

Mr. DENISON. The most important and valuable fundamental part of the bill. Here is what I mean, as between these two propositions, which do you consider the most fundamentally important: The granting of the aid by the Federal Government in the form of an appropriation to the various States for this work, or the administration of it by the Children's Bureau?

Mr. TOWNER. I think those propositions are equally important.

Mr. DENISON. Well, I know, but then I am asking you which you think is the most valuable.

Mr. TOWNER. I think they are both very material. Of course the very object and purpose of the bill is to stimulate into activity the States. This amount that is granted it is admitted will not meet the requirements, but it will assist the States. it will stimulate them until they take care of the situation themselves. And the placing of it in the Children's Bureau is vastly important, because after all the chief success of the bill will depend on the measure in which local support can be brought to it. You know what local support can be brought to it if the women get back of it. They can make it successful anywhere.

Mr. DENISON. Oh, yes; I think so. I think they can make anything successful if they get back of it right.

Mr. TOWNER. They will not feel like it if you turn them down, however, in this bill.

Mr. DENISON. How is that?

Mr. TOWNER. They will not feel like it if you take it away from the women's administration.

Mr. DENISON. Well, now, let me ask you about that. Do you think that if we have a different judgment, if the committee should have—and I do not know how they feel about it—a different judgment as to who should administer this bill, that that would amount to turning the women of the country down?

Mr. TOWNER. I think that is what they would think, Mr. Denison. Now let me say this to you. I do not think you would think so or any other man that would vote for it on this committee. You would do it because you thought that it was best for the administration of the law when it became a law.

Mr. DENISON. Well, I have heard this view expressed, if you will excuse me, and it has been expressed to me in communications received through the mail, that rather

than have the administration of this bill taken from the Children's Bureau, they would rather have no legislation at all on the subject. Do you feel that way about it?

Mr. TOWNER. No, indeed. I should be very sorry if that was done, and I think that it would very strongly impede the progress and approval of the bill.

Mr. DENISON. Yes. Now let me ask you this question, and see if I am right: Under the law, the fundamental law as it now exists, the activities of the Children's Bureau are limited to investigations and reports, is that true?

Mr. TOWNER. Yes; they are under the original law, but certainly this bill extends that.

Mr. DENISON. I am talking about the present law; the law as it is now.

Mr. TOWNER. Yes.

Mr. DENISON. The whole work that has been assigned to the Children's Bureau by law, by Congress, has been investigations, seeking out information, and reporting that information to the authorities.

Mr. TOWNER. Yes; I grant that.

Mr. DENISON. Now this bill is adding to the present existing powers of the Children's Bureau an entirely new field, is it not?

Mr. TOWNER. Yes; that is so far as this work is concerned.

Mr. DENISON. Yes. Well, this goes beyond a mere matter of investigating and collecting information and reporting the same back.

Mr. TOWNER. Yes, it certainly does.

Mr. DENISON. This goes beyond that, and enters into the field of actual administering or giving aid. Now we have gotten evidence here from the communication you filed, that if this bill is passed in its present form there will be complete cooperation between the Public Health Service and the Children's Bureau. But if the Congress or the committee should place the administration of this new work that we are now about to begin upon in the hands of the Public Health Service, do you think that there would be that same spirit of cooperation between the Public Health Service and the Children's Bureau as has been indicated by the letter?

Mr. TOWNER. Well, but the cooperation and everything is based upon placing it in the Children's Bureau. That is expressly what the statement is based on.

Mr. DENISON. I know, but I am stating now the other proposition: Suppose it were placed in the Public Health Service, this new work, this work of extending and giving the aid, do you think that the Children's Bureau then could or would go ahead and cooperate with the Public Health Service?

Mr. TOWNER. They would not have any authority for doing it.

Mr. DENISON. Well, they would have as much authority as the Public Health Service would have to cooperate with them under the provisions of the bill, would they not?

Mr. TOWNER. No, because whenever you give to either one of them these additional duties, you confer upon the one and not upon the other the authority. Here is the situation. The Children's Bureau here is acting not as a Public Health Service activity, as the Public Health Service is doing when the Public Health Service says that they will assist and cooperate with them in the work that is contemplated, particularly under the provisions of this bill.

Now in connection with the extension of the powers of the Government, I intended to speak about the constitutional propositions, and I have noted here some of the extensions of the powers of the Government under what is called the general swelfare clause, in order to show them to those that have consitutional scruples, and I should be very glad indeed to discuss it. I will ask to have this statement inserted in the record.

The CHAIRMAN. Very well.

(The statement presented by Mr. Towner on "general welfare in legislation" is here printed in full, as follows:)

GENERAL WELFARE IN LEGISLATION.

"The Congress shall have power to lay and collect taxes, duties, imposts, and excises, to pay the debts, and provide for the common defense and general welfare of the United States." (Art. 1, sec. 8, Constitution.)

Federal Farm Loan Board:

Takes money from the Federal Treasury to loan money to the farmers.

War Risk Insurance Bureau:

To insure American vessels and their cargoes.

The lives of masters and crews of American vessels.

To issue term policies of insurance to soldiers and sailors.

Public Health Service:
- Division of Scientific Research.
- Division of Sanitary Reports and statistics.
- Division of Venereal Diseases.
- Cooperate with State board or departments of health for the prevention and control of such diseases within the States.
- Forty-six States receive funds from Federal Treasury.
- Secretary Public Health Educational Service.
- Press bulletins, health posters, lectures, moving pictures, etc.

Bureau of Education:
- Collects statistics, advises State, county, and local school officers.
- Issues bulletins.
- Schools and reindeer industry of Alaska.
- Administers funds of colleges of agriculture and mechanic arts.

Director, Geological Survey:
- Geologic structure, mineral resources, etc.
- Collecting statistics of mineral production.

Reclamation Service:
- Irrigation of arid lands.

Bureau of Mines:
- Methods of mining—Safety of miners.
- Treatment of ores and minerals.
- Use of explosives, prevention of accidents.
- Production petroleum and natural gas.
- Tests coal, ores, and other minerals.

National Park Service:
- Charge of National parks, monuments, Hot Springs Reservation, Alaskan Engineering Commission.
- Building and operating railroads in Alaska.
- Also operating telegraph and telephones.

Agriculture Department:
- Farm management and economics.
- Weather Bureau.
- Animal Industry.
- Plant Industry.
- Forest Service.
- Bureau of Chemistry.
- Soils, entomology, biology.
- Crop estimates.
- States Relations service—
  - Agricultural colleges and experiment stations.
  - Cooperative extension work, agriculture, and home economics.
  - Demonstration work, agricultural schools, farmers' institutes.

Public Roads:
- Federal aid road act.
- Road management and road building.
- Sends engineers to assist in building roads.
- Builds experiment roads.
- Tests road material, road machines, etc.

Bureau of Markets:
- Marketing and distribution farm products.
- Grading, handling, and packing.
- Accounting and business practices.
- Organizing rural community associations.
- Reports supply, movement, prices, fruits, etc.
- Advises as to exporting, issues bulletins.
- Buys and sells nitrates to farmers, etc.

Commerce Department:
- Developing industries, United States markets at home and abroad.
- Appoints trade agents, gathers statistics.

Bureau of Standards:
- Establishes standards, weights, and measures.
- Physical constants and properties of materials.
- Advises States, cities, colleges, firms, corporations, and individuals.

Bureau of Fisheries:
Propagation fish, lobsters, oysters, etc.
Locating fishing grounds.
Methods of fishing.
Has charge of salmon fisheries of Alaska, fur-seal herd of Pribilof Islands, and protection sponges off coast of Florida.
Children's Bureau:
Welfare children and child life.
Especially investigate the questions of infant mortality, birth rate, diseases of children, etc.
Women's Bureau:
Welfare of wage-earning women.
United States Employment Service:
Improving working conditions.
Advance opportunities for profitable employment.
Federal Board for Vocational Education:
Promotes vocational education by appropriations to the limit of $7,367,000 in 1925.
In agriculture, trades and industries, preparation of teachers.
Cooperation of States conditioned upon like State appropriations, upon plans approved by board.
Federal vocational rehabilitation act:
Provides vocational education for disabled soldiers.
Industrial rehabilitation act:
Cooperates with States to aid persons disabled in the industries under plans approved by Federal board.

HOUSE OF REPRESENTATIVES, UNITED STATES,
Washington, D. C., July 13, 1921.

Hon. SAMUEL E. WINSLOW,
Chairman Committee on Interstate and Foreign Commerce,
House of Representatives.

MY DEAR MR. WINSLOW: In connection with the hearings which are being conducted by your committee upon H. R. 2366 by Congressman Towner, extending Federal aid for the protection of maternity and infancy, I beg to submit for consideration certain correspondence which I have received from the authorities of Porto Rico in reference to this measure.

I wish to bring forcibly to the attention of the committee the justice of extending the provision of this legislation to the people of Porto Rico. As is stated by Health Commissioner Dr. Ruiz Soler, there is a lamentably large number of Porto Rican women whose condition would be alleviated by extending the provisions of this legislation to that island.

I am therefore writing to ask that the resolution be so amended as to embrace Porto Rico, providing that the legislature of the island shall comply with the terms that are exacted of the legislatures of the several States in order to secure the benefits of this Federal assistance. Surely there can be no objection to such action, and on behalf of the people of Porto Rico I am writing to ask that H. R. 2366 be so amended before being reported by the committee.

Very truly yours,

FELIX CORDOVA DAVILA.

SAN JUAN, P. R., *June 21, 1920.*

MY DEAR JUDGE CORDOVA DAVILA: I am transmitting to you herewith a translated copy of a letter addressed to me by the commissioner of health of Porto Rico calling attention to a certain bill introduced in Congress providing for financial aid to the States in their efforts to protect maternity and infancy and requesting your good offices so that Porto Rico may share the benefits of said legislation.

I need not discuss the gravity of this social problem in Porto Rico nor emphasize the importance and necessity of its solution, for you are as fully conversant with it as we are, and I know you will cherish the opportunity to do everything in your power to secure the extension of the benefits of this legislation to Porto Rico.

Very sincerely, yours,

JOSE E. BENEDICTO,
Acting Governor.

Hon. FELIX CORDOVA DAVILA,
Resident Commissioner for Porto Rico, House of Representatives.

DEPARTMENT OF HEALTH,
OFFICE OF THE COMMISSIONER,
San Juan, P. R., June 11, 1920.

SIR: On the 5th of December, 1919, resolution No. 10925 was introduced in the House of Representatives of the United States Congress by the Hon. Horace M. Towner of Iowa. On October 20, 1919, the same bill under No. 3259 was introduced in the Senate by Senator Morris Sheppard of Texas.

As set forth in the mentioned resolution, it is provided that a sum of money from the Federal Treasury to the amount of $2,000,000, for the first year, and thereafter increasing installments until the sum of $4,000,000 yearly shall be spent in the public protection of maternity and infancy, in the various States of the Union, according to their population, provided that each State shall agree to spend an equal amount of money for the same purpose, within the terms of a plan to be agreed upon between them and the Federal Government.

We have a copy of the House resolution and know that the Public Health and the National Quarantine Committee of the Senate, on the 12th ultimo, held a public hearing in which the matter was discussed, and that afterwards the resolution was favorably reported on by the committee, and the bill now is pending action by the next session of Congress.

The fathers of the bill, so it appears, aimed to help and stimulate the States in their efforts to protect maternity and infancy, which efforts in many cases are hampered by the lack of sufficient funds.

This department, fully cognizant of the lamentable circumstances attending the process of the august function of maternity in an immensely large number of Porto Rican women, and realizing the destitution into which an equal number of children is thrown during the first years of their pilgrimage through life, thinks that no community of those subject to the jurisdiction of the United States Congress is, with more powerful reasons, more entitled to and deserving of the help of the Federal Treasury than the people of Porto Rico, where, unfortunately, year after year, and in spite of the efforts of the health authorities, we have a high average of infantile mortality and of deaths resulting from childbirth.

It does not appear that the provisions of the said resolution will apply to Porto Rico. We believe, however, that if it were made extensive to this island we could stir and shape public opinion so that we may secure favorable action by our legislature to the end that the law may be made operative in Porto Rico.

Therefore, we request you to address yourself to the honorable Resident Commissioner for Porto Rico in Washington, so that he, in turn, availing himself of the opportunities as they should present themselves, shall procure the amendment of the law so that the same is made applicable to Porto Rico.

We are sure that both you and the honorable Resident Commissioner will give this proposition as warm and cordial a reception as you always accord to all altruistic and patriotic undertakings.

Respectfully,

A. RUIZ SOLER,
Public Health Commissioner.

THE GOVERNOR OF PORTO RICO,
San Juan, P. R.

Mr. BARKLEY. Speaking to the fact that the Children's Bureau, as originally created only had the power to investigate and report, I suppose the analogy is that therefore it ought never to be given any additional powers?

Mr. DENISON. I did not make any suggestion of that kind.

Mr. BARKLEY. Then I will withdraw that suggestion. But is it not true, that many bureaus have been created in the history of the Government since the beginning only to investigate and find out conditions, and after they have made those investigations and ascertained the conditions, Congress conferred upon them the power in some measure to relieve the conditions which the reports and investigations revealed?

Mr. TOWNER. That is exactly what occurred here. In making these investigations the Children's Bureau has ascertained what they think needs a remedy. They have ascertained conditions which they think are deplorable. They have found out methods which they think we can inaugurate that will materially, wonderfully in fact, alleviate conditions and benefit the people who will be affected, and they ask that that power be given to them in addition to the powers that they now have. I do not see anything strange in that or unreasonable.

Again I thank the committee for their attendance and attention.

(Mr. Winslow then resumed the chair.)

The CHAIRMAN. Does anybody wish to ask any questions? If not, we will call this hearing at an end.

VOLUNTARY COMMITTEE.

The Sheppard-Towner emergency committee was organized in New York City some weeks ago to educate the public to the need for the Sheppard-Towner maternity bill, and to conduct actively a campaign in favor of the provisions of the bill. It is made up of men and women in all walks of life, who have the interest of the future welfare of the country at heart. Represented on it are some of the leading members of the medical profession. A list of membership follows: C. H. Hathaway, chairman, 119 West Fortieth Street, New York; A. W. Rosenthal, secretary; Dr. Eugene Lyman Fisk, director of the Life Extension Institute; Rev. Percy Stickney Grant; Senator Nathan Straus, jr.; Sophie Irene Loeb; Mrs. Florence Kelley, secretary National Consumers' League; Dr. Royal S. Copeland, health commissioner of New York; Dr. S. Josephine Baker; Dr. Richard A. Bolt, general director American Child Hygiene Association; Dr. Haven Emerson; Rabbi Stephen S. Wise; Mrs. Enrico Caruso; Mrs. Julius Rosenwald; Professor Irving Fisher, department of political economy, Yale University; Mrs. Henry Moskowitz; Mrs. Mirian Finn Scott; Ernest Poole; Will Irwin; Dr. C. A. Hamann, dean school of medicine, Western Reserve University; Dr. J. C. Blake, dean Hahnemann Medical College and Hospital, of Chicago; Dr. W. A. Pearson, dean of The Hahnemann Medical College and Hospital, of Philadelphia; Dr. John Haynes Holmes; and John A. Kingsbury.

SOME INDORSEMENTS FROM PHYSICIANS.

Dr. C. A. Hamann: I am fully in sympathy with the provisions of the Sheppard-Towner maternity bill, which provides for the public protection of maternity and infancy, and believe the measures advocated therein to be highly commendable.

Dr. E. P. Lyon, dean of medical school University of Minnesota: I am very glad to add what influence I may possess to the large body of public opinion which is in favor of the Sheppard-Towner maternity bill.

I have consulted with the professor and associate professor of obstetrics in the University of Minnesota and find that they are both strongly in favor of this action by our Congress. We surely trust that the bill will pass and put our country on record as doing at least something to prevent the large number of deaths in childbirth and the enormous number of infant mortalities which occur in this country.

Dr. J. C. Blake: I take pleasure in indorsing the Sheppard-Towner maternity bill and would be glad to render any further assistance that I can.

Dr. S. J. Crumbine, secretary State board of health, Topeka, Kans.: I shall be very glad to have you use my name as an indorsement of the Sheppard-Towner maternity bill and will give statements to the press when called upon.

Dr. Royal S. Copeland: Measures similar to those advocated in Sheppard-Towner bill have resulted in reducing infant death rate in New York City from 144 to 85 per 1,000 births. Medical profession here cooperate in our efforts. No opposition encountered. Mothers ask us for information and help. I heartily indorse bill.

Dr. Haven Emerson: Reduction of 50 per cent preventable deaths of babies, 10 per cent maternal deaths, and much invalidism from childbirth, assured from modest cost involved in Sheppard-Towner bill. It costs less to save a life than to bury a babe. Support of medical leaders certain for such measures to reduce sickness and deaths.

INDORSEMENTS FROM PROMINENT MEN AND WOMEN.

Ernest Poole, author: The Sheppard-Towner maternity bill seems to me to be a measure deserving the strong indorsement of every American citizen who wishes to line up in the fight for the conservation of our vital resources—the prevention of needless pain and death, the intelligent protection of human life and happiness.

Miriam Finn Scott, educator: The passing of this bill will lay the foundation stone of a more enlightened parenthood and a more wholesome race and it will do more to fortify this country than the most powerful and costly battleships. I have faith enough in mankind to believe that no opposition can prevent the Sheppard-Towner maternity bill from becoming a law.

Do the objectors to this bill realize that a great percentage of imbeciles, epileptics, insane, and criminals who fill our public institutions, which drain our Nation spiritually and economically, can be traced back to a neglected infancy and in turn to a neglected prenatal condition?

Nathan Straus, jr., State senator from New York: I am heartily in favor of the Sheppard-Towner bill. Its immediate passage is necessary for the welfare of the mothers and children of our country.

Prof. Irving Fisher, of Yale University: I take great pleasure in indorsing the Sheppard-Towner maternity bill. I know of few bills which have been before Con-

gress which I believe so worthy of support. If passed it will not only save many lives but save many times the money which its administration will cost. Furthermore, it will help enormously the Americanization movement in which every public-spirited American, whether radical or conservative, most earnestly believes.

The longest-lived country is Sweden, and when I attended the International Hygiene Exhibition in 1911, the chief reason assigned was the high maternity standard. The investigations which have been made through the Children's Bureau show that most of the United States is at present inadequately equipped for prenatal or maternal care. Over 25,000 women die yearly in this country from childbirth or from causes connected therewith. The death rate of infants is higher than in many progressive countries. Where the principles of the Sheppard-Towner bill have been applied the death rate has been cut in half.

There is danger of short-sightedness in the present cry of "economy." To reject the Sheppard-Towner bill because, in the first instance, it costs money, is being "penny wise and pound foolish." Just because we are learning the need of wise economies we need this far-sighted national economy. The Sheppard-Towner bill would not only save money for families by teaching women the elements of maternity and save funeral expenses and damage to the bread-winning power of the future generation, which savings run into millions of dollars, but it would save the Public Treasury directly and immediately considerable of the cost of hospitals and almshouses now incurred because of the fatal ignorance of our un-Americanized industrial women.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION.

The national board and the executive committee of the Young Women's Christian Association of the United States of America, which have had experience of work among girls and women for a period of more than 50 years, officially indorsed the Sheppard-Towner maternity and infancy bill March 10, 1920.

MRS. ROBERT E. SPEER,
President National Board.

CONGRESS OF MOTHERS.

We favor the maternity bill because we believe the health of the American people demands quick rebuilding to offset the tide of degeneracy already setting in. The fact that the State and Canadian boards of health meeting at the congress of the American Medical Society indorsed the bill despite the fact that they objected to its plans of administration shows its value.

They said, "We have to indorse it because it will save so many lives." As for the objection, namely, that the Public Health Service should be the administrator rather than the Children's Bureau, we say this is a matter to be worked out in the coming reorganization of departments, when all health activities will be grouped under one head. Don't endanger or lose 100,000 babies annually for a technicality.

As for the other objection—Federal aid—the Congress of Mothers believes in Federal aid because it sees no other way of bringing the backward spots forward. It is the only way of making us 100 per cent efficient. We gave it to hogs because we realize that a bad hog here and there does not make an efficient national product. Why not realize that a good baby here and there is not an efficient national product? Why not strike for the ideal—a good baby everywhere? This is not socialism; this is the old doctrine of "United we stand, divided we fall." The rich States give most, but the benefits of an efficient drop of human beings flow back to every State.

ELIZABETH TILTON, *Legislative Chairman.*

CONFERENCE OF STATE AND PROVINCIAL HEALTH AUTHORITIES.

At request of Dr. McCormack, of Kentucky, am sending excerpts from records of December 6, 1920, meeting of executive committee of Conference of State and Provincial Health Authorities held in Washington. As a result of conferences with Surgeon General Cumming, Julia Lathrop, and Dr. Anna Rude, it was agreed that certain amendments to the Sheppard-Towner bill would be offered, and that in view of these the executive committee of the Conference of State and Provincial Health Authorities would actively support the bill. Recommendations concurred in were as follows, that administrative responsibility should rest upon the chief of the Children's Bureau instead of being lodged in an interdepartmental body such as contem-

plated in the early draft of the bill. It was agreed, however, that an advisory body consisting of the Surgeon General of the United States Public Health Service and the Secretary of Agricultural and United States Commissioner of Education should be appointed. That the bill shall specify that in any State having a child-welfare or child-hygiene division in its State health agency said State health agency shall administer the provisions of this act. A committee consisting of Dr. McCormack and Dr. Kelley was appointed to confer with Miss Lathrop. This committee later reported that Miss Lathrop concurred in the proposed amendments to the Sheppard-Towner bill and, furthermore, that she expressed entire sympathy with the movement for a consolidation of all Federal health agencies and would lend her support to the approved plan. At a meeting held at Boston June 4, 1921, a resolution was unanimously adopted by the executive committee of the Conference of State and Provincial Health Authorities of North America instructing the secretary to send a telegram to the Vice President of the United States and to the Speaker of the House of Representatives urging the passage of the Sheppard-Towner bill as amended.

R. M. Olin, M. D.,
Secretary Conference of State and Provincial Health Authorities.

GENERAL FEDERATION OF WOMEN'S CLUBS.

The General Federation of Women's Clubs, an organization of bipartisan women, 2,000,000 strong, has indorsed unanimously the Sheppard-Towner bill for the protection and care of maternity and infancy.

We urge your cordial support of this measure, and that you do everything you can to secure its early passage at this session of Congress.

Yours, very sincerely,

Mrs. Edward Franklin White,
Chairman Legislative Department, General Federation of Women's Clubs.

RESOLUTION NO. 102.

By Delegate James J. Forrester, Brotherhood of Railway and Steamship Clerks, Freight Handlers, Express and Station Employees:

"Whereas a bill commonly known as the Sheppard-Towner maternity bill has been introduced in both Houses and is now before the Congress of the United States for consideration and action; and

"Whereas this bill, if enacted into law, will promote scientific care (medical and nursing) to mother and child prior to, during, and following childbirth, at the expense of the Federal and State Governments; and

"Whereas such scientific care will materially reduce the death rate of mothers during the maternity period and of children 'stillborn' and of those who die within a short period after birth, the number of which is now enormous and appalling; and

"Whereas this humanitarian proposed law is being bitterly fought by reactionaries, both in and out of Congress, and by the forces antagonistic to organized labor, which is endangering its enactment: Now, therefore be it

"*Resolved*, By the delegates to this, the Forty-first Annual Convention of the American Federation of Labor, assembled at Denver, Colo., that we most earnestly indorse the said Sheppard-Towner maternity bill and urge upon Congress its enactment into law; and further be it

"*Resolved*, That the executive council of the American Federation of Labor be, and is hereby, instructed to make every effort and use all available means to carry out the purposes of this resolution, to the end that this meritorious and humanitarian proposed law be passed by the Congress, signed by the President, and made operative within the several States."

The committee concurs in the resolution and recommends its adoption.

The recommendation of the committee was unanimously adopted.

The following are additional indorsements of the bill:
State board of health and county and city health officers, Kentucky.
American Association of University Women.
American Home Economics Association.
Girls' Friendly Society of America.
National Federation of Business and Professional Women.
Maryland State and District of Columbia Federation of Labor.

Maternity Hospital Association.
Home Economics Club, New Mexico.
President Mount Holyoke College.
Director training school, Smith College.
Head department economics and sociology, Wellesley College.
Albert Bushnell Hart, director Moosehead School.
Children of the Henry Street (New York) Settlement.
Texas Congress of Mother and Parent-Teacher Associations, Pennsylvania.
Executive board Worcester, Mass., Clinic League.
Worcester, Mass., League of Women Voters.
Worcester, Mass., Women's Trade League.
Worcester, Mass., Women's Club.
Worcester Council Jewish Women.
Boston League of Women Voters.
Secretary Boston Children's Aid Society.
Secretary Boston Society for Care of Girls.
Connecticut Daughters American Revolution.
American Child Hygiene Association.
National Consumers' League.
National Council of Jewish Women.
National League of Women Voters.
National Organization of Public Health Nursing.
National Society Daughters American Revolution.
National Woman's Christian Temperance Union.
National Women's Trade Union League.
Service Star Legion.

The following are a few of the typical letters received from physicians and non-medical citizens:

THE JOHNS HOPKINS HOSPITAL.

[Winford H. Smith, M. D., director; William S. Halsted, M. D., surgeon in chief; William S. Thayer, M. D., physician in chief; J. Whitridge Williams, M. D., obstetrician in chief; John Howland, M. D., pediatrician in chief; Adolf Meyer, M. D., psychiatrist in chief; William C. MacCallum, M. D., pathologist.]

JULY 12, 1921.

Hon. SAMUEL E. WINSLOW,
House of Representatives, Washington, D. C.

MY DEAR MR. WINSLOW: I had expected to attend the hearing to-day on the Sheppard-Towner bill, but unfortunately was prevented from doing so. As I did not have an opportunity to say publicly what I think, I am taking the liberty of writing you.

I hope that the bill in its present form will go through, as I feel very strongly that the matters covered by it should be directed by physicians and not by laymen. Consequently, I hope that if anything is done in the matter, that the direction will be put in the Public Health Service, at least pending the formation of a national department of health.

In making this recommendation I hope you will understand that I am making no criticism of Miss Lathrop, the head of the Children's Bureau. She has done extremely well in her post, but I do not feel that the Department of Labor is the branch of the Government which should have to deal with medical matters.

Regretting to trouble you, I am,

Yours, very truly,

J. WHITRIDGE WILLIAMS.

THE JOHNS HOPKINS HOSPITAL.

Winford H. Smith, M. D., director; William S. Halsted, M. D., surgeon in chief; William S. Thayer, M. D., physician in chief; J. Whitridge Williams, M. D., obstetrician in chief; John Howland, M. D., pediatrician in chief; Adolf Mayer, M. D., psychiatrist in chief; William G. MacCallum, M. D., pathologist.]

JULY 12, 1921.

Hon. SAMUEL E. WINSLOW,
House of Representatives, Washington, D. C.

MY DEAR MR. WINSLOW: Your courteous invitation to appear before the Committee on Interstate and Foreign Commerce of the House of Representatives with reference to the consideration of the Sheppard-Towner bill, H. R. 2366, has been received. I am sorry that illness will prevent me from doing so. May I, however, state briefly my objections to the bill?

In the first place, I am unwilling to believe that such emergency exists as has been claimed regarding maternal care in this country and I am quite sure from considerable experience with statistics that there is no basis for the statement that the United States stands seventeenth in maternal death rate. Even civilized countries have not sufficiently accurate statistics to enable anyone to make a definite statement such as this.

I do not believe that the way to improve health matters in States, except those that have a distinctly national or interstate application, is by Federal supervision or control. Public-health work depends upon enlightened local interest. It can not be improved by influence directed from a distance.

If such work as the Sheppard-Towner bill provides is to be undertaken, it should be undertaken by the United States Public Health Service and not by a subdepartment of the Department of Labor. Indeed it appears peculiar to most physicians who are interested in work for the benefit of children that the care of children should be a function of the Department of Labor. The work is now in improper surroundings. To increase and expand the work of the Children's Bureau where it now is is only to make matters worse.

Finally and chiefly I am opposed to the bill because I am opposed to the granting of subsidies to States by the Federal Government for work which is purely local in the States. It is to my mind an unsound financial policy and a dangerous step toward the centralization in Washington of matters which properly belong to the States themselves.

Respectfully, yours,

JOHN HOWLAND.

BOSTON, *July 5, 1921.*

Hon. SAMUEL E. WINSLOW,
House of Representatives, United States Congress.

DEAR MR. WINSLOW: I take the liberty of writing you to express my entire disapproval of congressional action "for the purpose of cooperating with the several States in promoting the care of mayernity and infancy." The proposed bill is, I believe, known as the Sheppard maternity bill.

I could go to great length in giving my reasons for being opposed to such congressional legislation, and would do so, if I believed it to be necessary. But I will not take your time nor mine to do so. I will say, however, that I think I know something about the whole case. I taught for over 30 years in the Harvard Medical School, in the department of diseases of women and obstetrics. I was for 36 years connected with the Boston Lying-in Hospital, and I am still connected with the Boston City Hospital, although I am gradually retiring from active professionsl life. As far back as 1894 I began writing about the necessity of medical care of pregnant women, and was a pioneer in this matter long before I became the head of my department. Some years ago, when I was at the head of the Boston Lying-in Hospital, I established a special clinic to care for the pregnant women; and the clinic has grown and developed, and now the hospital has three clinics scattered over the city for this purpose. There is also such a clinic at the Boston City Hospital, at the Boston Dispensary, and at many other Boston institutions. And pupils of mine have established such clinics in other cities and States. Indeed, it is generally recognized by the medical profession all over the more highly developed sections of the country that pregnant women should be looked after with a view to preventing disasters in subsequent childbirth.

Now all this is going on as a matter of general education, and progress is making all the time. There are some things that are better left to the education of the people, guided by the medical profession, and the many altruistic societies devoted to human welfare, than to undertake to further such objects by law, by congressional activity. You are probably aware that the Massachusetts Legislature threw out a somewhat similar bill this last session. It was opposed by the profession generally as a piece of medical communism. And yet the doctors are the ones who are working to bring about the desired end by their work and their influence in the education of the people.

I will not take more of your time. But I sincerely hope that your committee will not favor the proposed bill, and put into the Children's Bureau, which knows little of medicine, a problem on which the medical men all over the country are now working for the general good, and which will only become effective as the people gradually become more educated to their best interests in the matters under consideration.

Yours, very truly,

CHARLES M. GREEN, M. D.,
Professor of Obstetrics and Gynaecology, Emeritus, in Harvard University.

DARKHARBOR, ME., *July 10.*

Hon. SAMUEL E. WINSLOW.

DEAR SIR: A resident of Boston, merely summering here, I write to express my disapproval of the Sheppard maternity bill, certainly as now drafted.

In the first place I am doubtful as to the principle of the bill. Is nothing to be left to the initiative of the citizen?

It seems to me we should go slow in a Germanic assumption by the State of all sorts of control of the citizen. Secondly, if we must have this legislation is it not more sensible to put its operation in the charge of the Department of Public Health than in that of the Children's Bureau of the Department of Labor?

Surely this is a matter that can wait for mature consideration and a time when public economy is less urgent.

Yours very truly,

F. C. SHATTUCK, M. D.,
Professor of Clinical Medicine Emeritus,
Overseer Harvard College 1913–1919, etc.

JULY 9, 1921.

Col. SAMUEL E. WINSLOW,
Committee on Interstate Commerce,
House of Representatives, Washington, D. C.

DEAR SIR: May I, as one of the obstetricians of this community, suggest that there are a number of features of the Sheppard-Towner bill, up for hearing on July 12, which are being received by the medical profession in a most unsympathetic manner.

Many of us feel that this measure is quite unnecessary, particularly as applied to the majority of cities, since this work is being carried on at the present time in an adequate and efficient as well as economical way by the hospitals and free dispensaries, and furthermore that it is a matter which were better under State than Federal jurisdiction if it must be "nationalized." One of the most objectionable features of it is, so it seems to me, the provision that the administration of the act should be placed in the hands of the Childrens Bureau, which is mainly a social-service organization with its medical side entirely subordinate, rather than to place it, as it should be, under the United States Public Health Service, where it logically belongs. By the latter arrangement the administration of an act relating to the care of pregnant women would be medical, as is obviously proper.

I sincerely hope, as do others of my profession, that this bill may be changed, if it is to become an actuality, so as to embrace this particular matter at least. Prenatal care of prospective mothers is primarily a medical matter, whether the women be poor or well-to-do, and neither class of these women can be cared for as they should be by a group of lay social-service workers, especially when there is available such a medical bureau as the Public Health Service.

I beg to remain

Respectfully, yours,

PAUL TITUS,
Obstetrician Western Pennsylvania Hospital, Pittsburgh, Pa.

Hon. SAMUEL E. WINSLOW,
Committee on Interstate and Foreign Commerce.

DEAR SIR: I am sorry to have to enter my protest to the Sheppard-Towner bill by written word. I wish I could be in Washington to-morrow. But a farmer's wife with three babies does not get to Washington. A cut thumb also hampers my wirting, so I shall not burden you with much. We women in the country, educated or uneducated (and we are all Americans of a far better education than a large proportion of the city population), bring our babies into the world and rear them with the minimum of human help, medical or otherwise. Those of us, who, like myself, have some hospital experience try to help the others. We all go to the nearest hospitals, 10 miles away, when we can manage it. If we did not have to pay the taxes, if Federal appropriations fell from heaven, as most socialists and social workers seem to think that they do, we should like to see Federal money available to help us build our own little county hospitals. But we shall get them somehow anyhow in time, and we know that educating ourselves and our neighbors to want and to pay for them and for a decent doctor is worth more to our children than any Federal agencies for nontechnical instruction, which, like the present well-intentioned State clinics in rural districts, would slide like water off a duck's back. There is plenty of instruction, technical and nontechnical, within our reach. Moréover, we being born and bred Americans of many genera-

tions don't like the idea of a government that makes everything its business. We think a pretty plain lesson might be drawn from Germany. Their statute books were full of compulsory government welfare work from the cradle to the grave. And people before the war called our attention to their fine example. We know what sort of State-reared children grew into, what sort of State-reared characters in the German nation. This maternity legislation sounds to us like the entering wedge to all that sort of government, and we don't want it. There are things that a Children's Bureau can do. It can get and publish nation-wide statistics about America. We don't support it to tell us what goes on in Austria, or how much better they do things in soviet Russia. American statistics help us Americans to go to about our work of improving America in a characteristic American way. Volunteer work, assisted but never controlled by city, county, or State, and certainly not by Nation, has solved many of our health problems and will solve others.

I won't take up your time further with dissertations on government. We, in the country think the American form as originally conceived very fine and worth keeping. And don't see in Prussia or Russia any improvement on it. And if most country women could crowd your committee room I am sure they would ask you to come out like American men, husbands and fathers against this futile and dangerous innovation in the name of the mothers and babies that we all are working for.

Yours, sincerely,

MARGARET DOANE FAYERWEATHER.

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300 ARDMORE AVENUE,
Ardmore, Pa., July 8, 1921.

Hon. SAMUEL E. WINSLOW.

MY DEAR SIR: May I ask your consideration of the inclosed brief résumé of my reasons for opposing the Sheppard-Towner bill for the protection of maternity and infancy, and may I suggest that they may be brought forward at the approaching hearing on that bill or incorporated in the report?

The statement has been made that the women of the country are overwhelmingly in favor of the bill, and the indorsement by the women's organizations of this bill is adduced in support of the statement.

In point of fact, one at least of the associations quoted as indorsing it has no authority under its charter to take action on such a bill. I refer to the American Federation of University Women, of which I am a member. I have no doubt that other associations have indorsed the bill without authority. I ought to say that this may have been done without a full realization of the inconsistency of the action with the purposes of the associations as expressed in the charter.

As the statement has been made that the bill has the support of women generally, it becomes important that those of us who are opposed to it should register our objections and that we should have the opportunity of offering them for the consideration of the committee to whom the bill has been referred.

Yours, faithfully,

IDA WOOD.

Hon. SAMUEL E. WINSLOW.

MY DEAR SIR: As a citizen of Pennsylvania and of the United States, I urge you to vote against the Sheppard-Towner bill for the public protection of maternity and infancy and providing a method of cooperation between the Government of the United States and the several States.

Few women will dissent from the opinion that the public protection of maternity and infancy is commendable: that the bestowal of this aid should, however, take the form of subsidies granted to the States from the Federal Treasury, administered by a bureau of the Department of Labor, is regarded by many as wrong in principle and unwise as a matter of political expediency.

It is wrong in principle because it is an encroachment upon a State function; for it invests in a Federal bureau of the Department of Labor the oversight of that which is properly a branch of the public health service of the State. It is quite true that the Federal Government has in recent years assumed responsibilities which were never contemplated even by those great interpreters of the Constitution who upheld the doctrine of implied powers; the assent of the people to the recent measures tending toward centralization of authority in the Federal Government has, however, not been invariably whole-hearted, and there are not wanting indications that the common sense, the common judgment of the people is opposed to any further encroachment by the Federal Government upon the sovereignty of the States, with the consequent weakening of the responsibility of the States, for the faithful, judiciously economical, successful administration of their affairs.

It is politically inexpedient to appropriate any money at this time for new undertakings on the part of the Federal Government or to enlarge the bureaucratic administration. That the amount involved is relatively not large does not affect the main contention, since the adoption of the measure involves a permanent addition to Government expenditure, a permanent extension of the bureaucracy.

The public is unanimous in its support of Secretary Mellon, Secretary Hoover, and Gen. Dawes in their insistence that the pre-election pledges shall be carried out, that there shall be a drastic curtailment of Government expenditure, a sweeping bureaucratic reorganization in the interest of economy and efficiency. The verdict of the people at the polls upon the administration will be determined by its fidelity in the fulfillment of these pledges, and, let us hope, the consequent reduction in the war taxation, and not by its welfare measures.

During the discussion of the measure, however, facts have been brought to light in regard to infant mortality that are significant, and the advisability of some public protection of maternity and infancy has been shown. If the numerically powerful and well-organized associations such as the League of Women Voters and the General Federation of Women's Clubs, with the other associations that have been active in urging Federal legislation, would direct their concerted action upon the States, there is little doubt that the various public health boards would, in time, without special legislation, provide for the hygienic care of mothers and infants, as the city of New York, through the action of its board of health, without any special legislation, has done with such excellent results. On the other hand, there is more than a presumption that work such as that carried forward so admirably in New York by the board of health for the protection of maternity and infancy would be seriously impaired in its efficiency if it were required to be an adjunct of a child-welfare department instead of one manifestation of the activity of the board of health, if the plans for its prosecution were subject to the approval of a Federal bureau, and their execution carried forward under the supervision of an unsalaried advisory board, one-half of whose members at least must be women, in accordance with the provisions of the Sheppard-Towner bill.

IDA WOOD.

ARDMORE, PA., *July 8, 1921.*

(The following are a few of the typical letters received from organizations:)

RACKEMANN, SAWYER & BREWSTER,
Boston, July 9, 1921.

Hon. SAMUEL E. WINSLOW,
House of Representatives, Washington, D. C.

DEAR MR. WINSLOW: I believe that you are chairman of the House committee having charge of the Sheppard-Towner bill, so called, which is pending before the Congress.

I should like permission to register with you for report to the committee at some appropriate time the strenuous protest of the Constitutional Liberty League of Massachusetts against the passage of this act, or any similar legislation.

At the recent annual meeting of this league held in Boston this bill was emphasized as one of the things which the league wished to oppose. Its opposition is based on the following grounds, among others:

(1) Such legislation is paternalistic.

(2) As drafted and presented we suppose it to be in contravention of the constitutional principles of our Government.

(3) It would constitute an improper and unjust infringement of the rights of the several States to govern themselves and their people.

(4) It would set a very bad and dangerous precedent for the introduction of all kinds of miscellaneous new features of government.

(5) It would multiply bureaus or departments and offices, involving very considerable and, as we believe, practically useless expense.

(6) It would not only infringe the rights of the States, but, as we claim, it would afford another instance of taking away from the States the right of local self-government.

I inclose a small pamphlet giving the names of most of our members and also our present by-laws, except that we have authorized an increase in the board of directors.

Please accept this statement as given in behalf of the league, and believe me,

Very truly, yours,

CHARLES S. RACKEMANN,
President.

CONSTITUTIONAL LIBERTY LEAGUE OF MASSACHUSETTS.

Officers: Charles S. Rackemann, president; Ralph Adams Cram, vice president; Dr. Charles M. Green, vice president; Francis Reginald Bangs, secretary; Alexander Lincoln, treasurer.

Directors: Thomas Tileston Baldwin, Hugh Bancroft, Francis Reginald Bangs, Charles B. Barnes, C. W. Barron, Richard deB. Boardman, John T. Burnett, James D. Colt, Dr. William M. Conant, Louis A. Coolidge, Ralph Adams Cram, Henry R. Dalton, Gordon Dexter, Edward H. Eldredge, Asa P. French, Irvin McD. Garfield, Dr. Charles M. Green, Robert Sever Hale, Benjamin D. Hyde, Lester Leland, Alexander Lincoln, Amos R. Little, Roger B. Merriman, Hugh Nawn, Dr. Franklin S. Newell, Patrick O'Hearn, Herbert Parker, Gen. Samuel D. Parker, Francis Peabody, Charles S. Rackemann, A. C. Ratshesky, Dr. Frederick C. Shattuck, Dr. Myles Standish, R. Clipston Sturgis, William Roscoe Thayer, Bentley W. Warren, Dr. John Warren, Moses Williams, Frederic Winthrop.

CONSTITUTION.

ARTICLE I—NAME AND LOCATION.

The organization shall be known by the name of "Constitutional Liberty League." It shall be an unincorporated association of Massachusetts citizens. Its principal office shall be in the city of Boston.

ARTICLE II—PURPOSES.

To conduct a campaign for the education of the people in the evils and dangers of national prohibition by constitutional provisions and laws of Congress, to promote temperance in the use of alcoholic beverages, and to secure the proper regulation of the liquor traffic by the State in the exercise of the local police power.

With these ends in view, to secure the annulment or repeal of the eighteenth amendment and the repeal of the Volstead law, to oppose any unreasonable and oppressive Federal or State law or action designed to enforce the amendment, and to support the passage of State laws authorizing the sale of beer and wine.

In all proper and lawful ways to influence public opinion, to the end that the standards of personal liberty of thought and conduct which were established by the founders of the Government of the United States of America shall be maintained and safeguarded.

To oppose any impairment of the rights of American citizens as vested in them by the first 10 amendments of the Constitution of the United States, or by the Constitution itself.

ARTICLE III—MEMBERSHIP.

All persons interested in these purposes except persons financially interested in the liquor traffic shall be eligible to membership in the association.

ARTICLE IV—CLASSES OF MEMBERSHIP.

There shall be two classes of membership: (a) Active. (b) Associate.

Active members shall consist of those who are willing to assume, to some extent, the financial obligations which must be met in order to carry out the purposes of this association.

Associate members shall comprise those whose sympathy and interest are in line with the organization, but who may not wish to become active members.

Active members shall be elected by the executive committee. Associate members shall be deemed to be elected in the discretion of the executive committee on payment of the annual dues. Each class of members shall pay dues as determined by the board of directors.

Any member may be suspended or expelled from the association by the executive committee at any time, either for nonpayment of dues or for any conduct deemed by the executive committee to be detrimental to the interests of the association.

All classes of members shall have a right to vote for officers and upon amendments to this constitution.

ARTICLE V—OFFICERS.

The officers shall be a president, two vice presidents, a treasurer, and a secretary. These officers, together with not less than 11 nor more than 40 additional members, shall constitute the board of directors. The officers and directors shall be elected at

the annual meeting of the association, and shall hold their respective offices until their successors are elected and have qualified.

The management and control of the affairs, funds, and property of the association shall be vested in the board of directors.

The secretary shall keep the records of the association in books belonging to it, and shall perform all customary secretarial duties.

The treasurer shall collect and receive all moneys due and payable to the association, and deposit them in such bank or trust company as the executive committee may from time to time approve. If so required, from time to time by the executive committee, the treasurer shall give bond with a surety company as surety, in such sum as said committee may direct; the expense of such bond to be paid by the association.

The accounts of the treasurer shall be audited annually by a special committee appointed by the executive committee, but not including any members of the executive committee.

In general the duties of the officers shall be those customarily pertaining to their respective offices, with such special duties as may be assigned by the executive committee.

ARTICLE VI—EXECUTIVE COMMITTEE.

The board of directors shall elect annually, at a meeting as soon after the annual meeting of the association as reasonably may be, an executive committee which shall consist of seven members. The executive committee shall have direct supervision, control, and direction of the officers of the association, and shall have, in the interim between meetings of the board of directors, all the powers and shall perform all the duties of the board of directors. Vacancies in any office shall be filled by the executive committee.

ARTICLE VII—MEETINGS.

The meetings of this association shall be annual, the time, place, and program to be arranged by the executive committee. Special meetings may be called by the executive committee.

Meetings of the board of directors may be held at such time and place as they may determine and may be called by the president or vice president on written or printed notice sent by mail to each director. Nine members of the board of directors shall constitute a quorum.

Meetings of the executive committee may be held at such time and place as they may determine and may be called by the president or vice president on written or printed notice sent by mail to each member of the committee. Four members of the committee shall constitute a quorum.

ARTICLE VIII—BY-LAWS.

The board of directors shall have full power to adopt and, from time to time, to modify by-laws governing the operation and management of the association.

ARTICLE IX—AMENDMENTS.

This constitution may be amended at any annual or special meeting of the association by a three-fourths vote of the members present and voting; the proposed amendment having been approved by the executive committee and submitted to the members in writing before such meeting.

SOUTHWEST JOURNAL OF MEDICINE AND SURGERY.
Oklahoma City, Okla., July 12, 1921.

Hon. SAMUEL E. WINSLOW,
Chairman, House Office Building, Washington, D. C.

DEAR SIR: It has just come to my attention that the Sheppard maternity bill is to come before your honorable committee for consideration. As the representative of more than 10,000 active practicing physicians of this great southwest country, I want to express the hope that you will report unfavorably upon this bill.

The reasons are these:

First. It is the universal opinion of all physicians, so far as I can learn, who have given this matter any study, that this is the entering wedge looking to State medicine. I am sure that this country is not yet ready to copy after Austria in adopting State medicine.

Second. The financial burden, which this would entail if carried to a point where it would be of the slightest service to this country at large, would be as much as that

which is being asked for at present for the soldiers of the World War, and we are informed by the authorities at Washington that the country can not assume such an obligation as that at present; in the face of that is it consistent for us to give consideration to a project which is purely an experiment and of a doubtful character even at that.

As the representative of the physicians of Missouri, Kansas, Texas, Arkansas, and Oklahoma, I beg of you that you will not make a favorable report upon this bill at this time.

Very respectfully,

FRED H. CLARK,
Secretary-Editor.

MASSACHUSETTS PUBLIC INTEREST LEAGUE,
Boston, Mass., July 9, 1921.

Hon. SAMUEL E. WINSLOW,
Washington, D. C.

DEAR SIR: I hope the Sheppard-Towner bill will be reported unfavorably by your committee, for I consider it paternalistic, futile, and extravagant. The States are able to take care of their mothers and babies without Federal aid; the provisions of the bill would accomplish no vital good; although an appropriation of a million and a half dollars is comparatively small, it represents, nevertheless, a good many hard-earned dollars paid in taxes. This is no time for unnecessary appropriations, however small.

Yours, very truly,

MRS. FRANK B. SANBORN,
President Riverside Neighborhood House Association.

MARYLAND ASSOCIATION OPPOSED TO WOMAN SUFFRAGE,
Baltimore, Md., July 9, 1921.

Hon. SAMUEL E. WINSLOW,
Washington, D. C.

DEAR SIR: As an organization representing conservative women who stand with the right-minded men and realize our interests are identical and that there can be no such thing as women's legislation, we wish to call your attention to the fact that though we may seem to be inarticulate because we maintain no lobbies in Washington and do not bring direct pressure on Congressmen, yet in the last election we stood with our men and spoke in no uncertain terms.

We believe that you gentlemen whom we sent to represent us, because we relied on your wisdom and judgment, will protect us from the type of legislation that is expressed in the Sheppard-Towner bill. We feel that the purpose of the Federal Government is to stimulate but not subsidize and that when it does the latter it is disregarding the principles which have made us a great Nation. No obscuring sentimentalism can save us after we once begin to create a paternalism in place of the real democracy that was given us by our fathers.

We want to warn you against being forced into action on the ground that "10,000,000 women are demanding the passage of the Sheppard-Towner bill." A high-handed way has been found of stampeding organizations; a small group will claim that they speak for thousands, and on investigating you will find that these groups are made up of childless women whose interference would be resented by the mothers of America if they knew that the Government was being urged to put mothers on its pay roll and to make children the wards of the State.

We look to you to protect us from any such intolerable situation, and earnestly hope that our confidence will be justified.

Very truly, yours,

CORNELIA A. GIBBS, *President.*

NEW HAMPSHIRE MEDICAL SOCIETY,
Concord, N. H., July 22, 1921.

Hon. S. E. WINSLOW,
Washington, D. C.

DEAR MR. WINSLOW: The New Hampshire Medical Society at its annual meeting in May adopted resolutions in its house of delegates by unanimous vote "emphatically opposed to State medicine and all such schemes, or either wholly or partly controlled, operated, or subsidized by the State or National Government."

The Sheppard-Towner so-called maternity bill is included most assuredly in this resolution.

The American Medical Association in meeting in Boston June 10–14 through its legislative body, the house of delegates, was unmistakably opposed to anything bordering on paternalistic legislation and so expressed itself. I had the honor to be New Hampshire delegate to that assembly and voiced the sentiments of the physicians of this State.

We protest against such destructive measures in the name of the highest interests of Nation and public health, and, fully realizing the grave dangers that would follow enactment of such ideas into law, earnestly ask you to extend your recognized influence in behalf of justice, society, and recognition of the demands of a great, scientific, public-spirited profession.

I have the honor to be,

Most respectfully, yours,

(Dr.) D. E. Sullivan.

Massachusetts Civic Alliance,
Boston, May 20, 1921.

Hon. Samual E. Winslow,
Chairman Committee on Interstate and Foreign Commerce,
House of Representatives, Washington.

Dear Sir: I have the honor to convey to you the following in evidence of the strong public sentiment and official protest against maternity benefits legislation and the pending bill.

Social, charitable, and child-welfare societies in report of the Massachusetts Investigating Commission (House, No. 1835, Dec., 1920, p. 20), two health investigating commissions of the State of Illinois, and the Civic Federation of Chicago, after thorough investigations report that there is no necessity for the maternity legislation.

Maternity bills in the Massachusetts Legislature were rejected last year by the emphatic majority of 140 to 20; and, this year, after State-wide investigation by a State commission, the maternity bills were rejected unanimously, except that two members retained their rights to dissent. Both house and senate sustained the adverse reports of the committee, practically unanimously.

Most significant of all is the uprising of the physicians of the United States. The Chicago Medical Society, the Illinois Medical Society, the Medical Association of the Southwest, comprising the physicians of Missouri, Kansas, Oklahoma, Arkansas, and Texas, and every medical society in Massachusetts are active in demanding that maternity benefits legislation should not be enacted.

Their reasons have been tersely expressed to the Illinois Legislature by Dr. W. D. Chapman, officially representing the Illinois State Medical Society in opposition to a bill to carry out the Sheppard-Towner maternity bill's requirements, as follows: "They open the door to State medicine and encourage the socialistic philosophy that the citizen should be dependent upon the State."

In our office in Boston are the signatures of 800 physicians of Massachusetts who this year have signed a postal card sent to them by the Massachusetts Civic Alliance relative to their attitude on the maternity benefits bill. Only 14 signed in favor, and over 775 signed in opposition to State maternity benefits. The card they signed is inclosed. Their reasons are briefly and too inadequately expressed by 65 doctors on the inclosed sheets.

A serious feature of State care in maternity is the tendency to lower the standards of medicine, as in Germany and Great Britain they have been lowered, through somewhat similar legislation. When the inspiration and zeal of that matchless calling shall be dampened through bureaucratic interference young men will not be attracted to enter its folds, and the welfare of mothers and children will suffer.

The American Medical Association, to which every State medical society in the United States belongs, unanimously adopted a resolution at New Orleans last summer in which it "declares its opposition to * * * medical services * * * provided, controlled, or regulated by any State or Federal Government.

The Republican national platform turned down the plank for maternity legislation. The General Federation of Women's Clubs, having 2,000,000 members, refused to indorse the maternity bill at their biennial meeting in Des Moines last summer. Catholic and Protestant forces are against it. No fraternal society asks for it. Mothers are dreading it.

The active propaganda in its favor has kept hidden facts which the census reveals, that infant mortality has steadily lowered in the registration area of the United States. In Massachusetts the deaths of infants under 1 year of age has been reduced from 132

to each 1,000 births 10 years ago to 82 last year. The proponents injure American motherhood by advertising falsely that thousands of lives are needlessly thrown away. They do not tell us that the fatalities of childbirth are only one-half to six-tenths of 1 per cent of the mothers having children. One effect of their erroneous teaching is to make expectant mothers dread the ordeal or to resort to birth control. The latter is actually taught in a pamphlet issued by an advocate of the legislation in the employ of a life insurance corporation, who was also employed by the Massachusetts Maternity Commission as consulting statistician. They even have charged legislators with guiltiness of the losses of life in childbirth for not passing their legislation.

Statistics prove that there is no country in the world having so large a colored population, with such heterogeneity of the people, and having such severe climatic changes as the United States, which can compare with our low rates in infant mortality.

The reasons behind the legislation are political. It is mothered by political organizations. It will enable positions to be created that it may be possible to use in rewarding and giving new life to organizations which no longer are inspired by the "Votes for Women" slogan since the nineteenth amendment took from them that mission.

They have advertised words of the President as indorsement of the bill. Careful reading shows no such indorsement, but general observations only, such as, wise or unwise, society disposes to do certain things, that strongly supported the bill may pass, etc.

We plead for return to early standards of self-reliant parenthood, the fulfilment of nativity vows by men making them at the altar and not by the State's relieving the husband from them, and for the perpetuation of the priceless institution of the family physician, which abroad has too largely disappeared to make place for the panel doctor. And we ask that the bill may not be reported favorably.

Respectfully,

THE MASSACHUSETTS CIVIC ALLIANCE,
EBEN W. BURNSTEAD, *Secretary*.

THE MASSACHUSETTS MEDICAL SOCIETY,
Boston, July 8, 1921.

Hon. SAMUEL E. WINSLOW,
House of Representatives, Washington, D. C.

DEAR SIR: At the instance of our president, Dr. John W. Bartol, of Boston, I am sending you a vote passed at the annual meeting of the governing body of our society, the council, on May 31, 1921, with reference to the Sheppard-Towner maternity aid bill, S. 1039.

Respectfully, yours,

WALTER L. BURRAGE, *Secretary*.

Voted, That the Massachusetts Medical Society, through its council, hereby expresses its disapproval of the Sheppard-Towner maternity aid bill, S. 1039, now before the United States Senate. The bill does not intrust the proposed aid for mothers and infants to the medical profession, but to the Children's Bureau of the Department of Labor, which does not possess the scientific knowledge and qualifications necessary to protect mothers and infants.

A true copy.

Attest:

W. L. BURRAGE, *Secretary*.

(Thereupon, at 5 o'clock p. m., Saturday, July 23, 1921, the hearings were concluded.)

DATE DUE

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